

Activity Data



1. Action: a. New Entry  b. Update  2. Activity Code: E01 3. Event Number: 4111118

4. Date Event Started: 4/4/2006 5. Date Event Finished: 7/11/2006 6. Mine ID: 46-08436

7a. Organization Code (Mine Assignment) 20401 b. Work Group Identifier 02 9. Company Name PERFORMANCE COAL COMPANY

8a. Organization Code (AR Assignment) 20401 b. Work Group 02 10. Mine Name UPPER BIG BRANCH MINE-SOUTH

11. Report Type (check one) a. First  b. Interim  c. Last  d. Not Applicable  12. Area of Inspections a. Active Sections 3 b. Idle Sections 0

c. Outby Areas  d. Shafts/Slopes  e. Surface Areas (UG)  f. Surface Workings  g. Company Records  h. ATP  i. Impoundments  j. Refuse Piles

k. Major Construction  (1) Shaft/Slope Sinking 0 (2) Impoundment Construction 0 (3) Buildings 0 (4) Dragline/Shovel 0 (5) Other 0 l. Miscellaneous

m. MMU/Pit Number (1) 009 (2) 015 (3) 030 (4) 031

13. Number of Samples Collected a. Air Samples 7 b. Rock Dust Spot 0 c. Rock Dust Survey 10 d. Respirable Dust 18 e. Noise 0 f. Other 0

14. Impoundments/Refuse Piles: a. Number b. FHC c. Configuration

15. Prime Independent Contractor Codes (Major Construction)

16. Inspection Results

	Citations		Orders		Safeguards		Other	
	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con	Coal Opr	Ind Con
a. This Inspection								
(1) New Issuances	48			8				
(2) Terminations/Vacations	45/0			4/1				
(3) Modifications/Extensions	0/10			2/0				
(4) Left Pending	3			1				
b. Previously Issued								
(1) Modifications/Extensions	7/0							
(2) Terminations/Vacations	6/0							

18. Signature and Card Number of Authorized Representative/ Right of Entry Person(s) Responsible for Activity

a.  Card Number 23591

b.  Card Number 20643

c.  Card Number 23855

d.  Card Number 24024

19. Key Entered By \_\_\_\_\_ Date \_\_\_\_\_

17. Remarks:

Shift	Sun			Mon			Tue			Wed			Thur			Fri			Sat		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Week 1 4/2/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 4/9/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 4/16/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Week 4 4/23/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5 4/30/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Week 6 5/7/2006	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7 5/14/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8 5/21/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 9 6/4/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 10 6/11/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 11 6/18/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 12 6/25/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U. S. Department of Labor

Mine Safety and Health Administration  
100 Bluestone Road  
Mount Hope, WV 26880-1000



DATE: 9/25/09  
MESSAGE FOR: FIELD OFFICE SECRETARY - Lisa  
FROM: KIM SOUTHERN  
# PAGES (INCLUDING COVER): 13  
SUBJECT: CONTESTED VIOLATION DATA AT ID NO. 8436

The violations shown below have been contested by the mine operator:

<u>VIOL #</u>	<u>ISSUED</u>	<u>VIOL#</u>	<u>ISSUED</u>
_____	<u>See attached</u>		_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These documents go before lawyers and judges. It is important that all copies be clean and clearly legible.

Please provide a copy of each violation and all subsequent actions for that violation.

I also need a copy of the inspector's notes (including the Daily Cover Sheet) for each violation, as well as any special assessment forms and a copy of appropriate plans related to those violations.

If there are any related violations, such as 107(a) Orders, I need a copy of them too.

Please fax your response back to me today or tomorrow - I have a very short turn-around time to get this material in to the Solicitor's Office in Arlington.

If you have any questions, call me on extension 148. Thank you for your help.



11/25/10  
to Kim

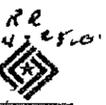
Initial Issuance Information (Source is IPAL)			
<b>Violation Data</b>			
Issue Date	Issue Time	Occurrence Date	Issuance Number
06/14/2006	1050	06/14/2006	7256463
Served To	Violator Name		
Wendel Wills, Mine Foreman	PERFORMANCE COAL COMPANY		
Mine Name	Mine ID	Contractor ID	
UPPER BIG BRANCH MINE-SOUTH	4608436		
<b>Condition Or Practice</b>			
The no 3 belt head and take up unit had a thin layer of coal float dust on the rock dusted surfaces at had three stuck bottom rollers, one that had cut about 1 1/2. inch into the roller, and compacted coal, coal dust and other dusts were present against the rollers and underneath and rubbing the moving belt conveyor in depths from 18 to 30 inches. This had been reported in the belt examination book for the past 4 production shifts and no corrective action had been taken			
Enforcement Area	Section Of Act	30 CFR Part/Section	
Safety		75.400	
Written Notice 103G (Coal Only)			
N			
<b>Inspector's Evaluation</b>			
<b>Gravity:</b>			
Injury or Illness (has) (Is)			
Highly			
Injury or Illness could reasonably be expected to be			
Lost Days			
Significant And Substantial Y			
No Of Persons Affected 1			
<b>Negligence</b>			
Reckless			
Type Of Action 104 (d) (1) Type Of Issuance Order			
<b>Initial Action</b>			
Initial Action Type Citation Initial Action Date 03/22/2006			
Initial Action Number 7250745 Related Order			
Area Of Equipment			
The no 3 north belt conveyor.			
Termination Due Date			
Termination Due Time			
<b>Termination Action</b>			
Action To Terminate			
The belt head and take up unit was cleaned, the rollers were replaced and the area was rock dusted.			
Termination Date		06/14/2006	
Termination Time		1530	
<b>Automated System Data</b>			
Type Of Inspection (Activity Code) E01			
Event Number		4111118	
Primary Or Mill			
AR Number		23591	

Initial Issuance Information (Source Is IPAL)			
<b>Violation Data</b>			
<b>Issue Date</b>	<b>Issue Time</b>	<b>Occurrence Date</b>	<b>Issuance Number</b>
06/14/2006	1050	06/14/2006	7256464
<b>Served To</b>	<b>Violator Name</b>		
Wendel Wills, Mine Foreman	PERFORMANCE COAL COMPANY		
<b>Mine Name</b>	<b>Mine ID</b>	<b>Contractor ID</b>	
UPPER BIG BRANCH MINE-SOUTH	4608436		
<b>Condition Or Practice</b>			
The tail of the no 2 north belt conveyor had a thin layer of coal float dust on the rock dusted surfaces from the belt tail outby for a distance of about 75 feet and had two top stuck rollers and two stuck bottom rollers that had compacted coal, coal dusts and other dusts that were in depths up to 20 inches against the rollers and the moving belt conveyor			
<b>Enforcement Area</b>	<b>Section Of Act</b>	<b>30 CFR Part/Section</b>	
Safety		75.400	
<b>Written Notice 103G (Coal Only)</b>			
N			
<b>Inspector's Evaluation</b>			
<b>Gravity:</b>			
<b>Injury or illness (has) (is)</b>			
Highly			
<b>Injury or illness could reasonably be expected to be</b>			
LostDays			
<b>Significant And Substantial Y</b>			
<b>No Of Persons Affected 1</b>			
<b>Negligence</b>			
HighNegligence			
<b>Type Of Action 104 (d) (1) Type Of Issuance Order</b>			
<b>Initial Action</b>			
<b>Initial Action Type Citation Initial Action Date 03/22/2006</b>			
<b>Initial Action Number 7250745 Related Order</b>			
<b>Area Or Equipment</b>			
The entire no 2 belt conveyor			
<b>Termination Due Date</b>			
<b>Termination Due Time</b>			
<b>Termination Action</b>			
<b>Action To Terminate</b>			
The damaged rollers were replaced , the accumulations were removed and the area was rock dusted.			
<b>Termination Date</b>		06/14/2006	
<b>Termination Time</b>		1530	
<b>Automated System Data</b>			
<b>Type Of Inspection (Activity Code) E01</b>			
<b>Event Number</b>		4111118	
<b>Primary Or Mill</b>			
<b>AR Number</b>		23591	

Mine Citation/Order

*6/16/06* *YBB/BN* *4-12-06*

U.S. Department of Labor  
Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr 04/06/2006	2. Time (24 Hr. Clock) 0900	3. Citation/ Order Number 7219112
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The certified mine map, dated 12-31-2005, maintained at the mine office was not kept up-to-date with temporary notations denoting changes in the mine ventilation. Specifically, the No. 1 and 2 entries of North Mains, inby HG15, was still shown to be return air entering the gob at EP#22, #33 and #39. Also, the primary and alternate escapeways for the active HG16 longwall, MMU 031-0, were shown in the HG15 tailgate entries and not updated to the HG16 panel. Ventilation controls were also missing or inaccurately located at EP#20 in the old North Mains, at the mouth of HG#11 at EP#33 and at the CM unit currently active in the HG#18 barrier block.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1202
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Section II—Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 04/12/2006	B. Time (24 Hr. Clock) 0900
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Section III—Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23972

MSHA Form 7000-3, Mar 05 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

BR 4-24-06  
ICC 4-26-06

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/06/2006	3. Citation/Order Number 7219112 - 01
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Additional time is granted for the mapping to be updated and corrected since a separate and subsequent citation (#7243917) was issued by [REDACTED] for another area of the mine. This extension is to coincide with the termination due date of that citation.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 04/20/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. [REDACTED]	AR Number 23972	12. Date Mo Da Yr 04/17/2006	13. Time (24 Hr. Clock) 0845

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
5-9-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/06/2006	3. Citation/ Order Number 7219112 - 02
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

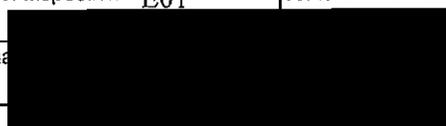
The company has been in the process of re-mapping and making additional ventilation changes that have been approved and more time is needed and hereby granted.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 05/16/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signa 	AR Number 23591	12. Date Mo Da Yr 05/09/2006	13. Time (24 Hr. Clock) 1115

RR  
5-17-06

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/06/2006	3. Citation/ Order Number 7219112 - 03
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

A new certified map with the changes has been received at the mine and is posted.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 05/17/2006	13. Time (24 Hr. Clock) 0730

5/3/06 ROB for AC 4/2/06

Section I--Violation Data

1. Date Mo Da Yr 04/06/2006	2. Time (24 Hr. Clock) 0915	3. Citation/ Order Number 7219113
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Records of weekly examinations were not being kept for evaluation points EP#20-A and EP #33. EP #20-A is approved in the ventilation plan and located at the mouth of the old North Mains and EP #33 is located at the mouth of HG11.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.364(h)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a)

13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 04/06/2006	B. Time (24 Hr. Clock) 1700
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Section III--Termination Action

17. Action to Terminate The evaluation points were examined and recorded.

18. Terminated	A. Date Mo Da Yr 04/06/2006	B. Time (24 Hr. Clock) 1630
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23972

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

6/6/06 203 for Bre 4-12-06

Section I--Violation Data

1. Date Mo Da Yr 04/06/2006	2. Time (24 Hr. Clock) 1530	3. Citation/ Order Number 7219114
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The operator did not follow the approved ventilation plan in that a revision that was approved on 1/31/06 was not followed. This revision showed the cross-panel at the mouth of HG18 and HG19 to be designated as a 'worked-out area' and showed controls installed across the mouth of this panel to establish and EP to measure air entering this area. These controls were not installed.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input checked="" type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>	C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 000
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11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
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12. Type of Action 104(a)	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>
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14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>	E. Citation/ Order Number	F. Dated Mo Da Yr
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15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 04/12/2006	B. Time (24 Hr. Clock) 1500
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Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23818

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 14th Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

4-26-06  
BR4-24-06



Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/06/2006	3. Citation/ Order Number 7219114 - 01
4. Served To Wendall Wills, Supt	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II-Justification for Action

Additional time is granted for processing of a submitted revision addressing this citation.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 05/01/2006	B. Time (24 Hr. Clock) 1600	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature 	AR Number 23818	12. Date Mo Da Yr 04/20/2006	13. Time (24 Hr. Clock) 1337

RR  
5-17-06

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue)	Mo Da Yr 04/06/2006	3. Citation/ Order Number	7219114 - 0102 PB
4. Served To Wendel Wills, Mine Foreman			5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH			7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

A ventilation revision has been received and is approved.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection	E01	10. Event Number	4111118
11. Signature	[Redacted]	R Number	3591
12. Date	Mo Da Yr 05/17/2006	13. Time (24 Hr. Clock)	0730

Mine Citation/Order

5/3/06

U.S. Department of Labor  
 Mine Safety and Health Administration

RR  
 4-6-06



Section I--Violation Data

1. Date Mo Da Yr 04/06/2006	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 7243913
4. Served To Benny Presley, Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The two inclined walkways for the Silo surface belt conveyor, which is about 200 feet in length, had rocks and loose lump coal on the cleated walkway surface, creating a stumbling hazard, where men are required to travel the belt for examination on a daily basis.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 77.205(b)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/  
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 04/06/2006	B. Time (24 Hr. Clock) 1600
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4111118	21. Primary or Mill
22. Signature			23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/06/2006	Mo Da Yr	3. Citation/ Order Number 7243913 - 01
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)	

Section II--Justification for Action

The walkways were free of obstructions.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 04/17/2006	13. Time (24 Hr. Clock) 0830

Mine Citation/Order

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
4-6-06  


5/3/06

Section I--Violation Data

1. Date Mo Da Yr 04/06/2006	2. Time (24 Hr. Clock) 1125	3. Citation/ Order Number 7243914
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The deluge fire suppression system being used at the 1 North belt drive, did not provide protection for the twin belt drives at this location.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101-2
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>			
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 04/07/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/06/2006	3. Citation/ Order Number 7243914 - 01
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The twin belt drives are protected with a 4 tip spray bar, operating off of the deluge system.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 04/17/2006	13. Time (24 Hr. Clock) 0845

5/3/06

Section I--Violation Data

1. Date Mo Da Yr 04/06/2006	2. Time (24 Hr. Clock) 1200	3. Citation/ Order Number 7243915
4. Served To Benny Presley, Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The deluge fire suppression system being used at the 1 North West belt drive, did not provide protection for the twin belt drives at this location.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101-2
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 04/07/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/06/2006 Mo Da Yr	3. Citation/ Order Number 7243915 - 01
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The twin belt drives are protected with a 4 tip spray bar, that operates off of the deluge system.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118	
11. Signature [Redacted]	12. Date Mo Da Yr 04/17/2006	13. Time (24 Hr. Clock) 0915

RR  
4-6-06

Mine Citation/Order

5/3/06

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Violation Data

1. Date Mo Da Yr 04/06/2006	2. Time (24 Hr. Clock) 1205	3. Citation/ Order Number 7243916
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

No automatic fire suppression was provided for the hydraulic take-up unit for the 1 North West belt drive location.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/  
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 04/07/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/06/2006 Mo Da Yr	3. Citation/ Order Number 7243916 - 01
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The take-up unit is now protected with a duluge spray nozzle.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	R Number 3591	12. Date Mo Da Yr 04/17/2006	13. Time (24 Hr. Clock) 0915

U. S. Department of Labor

Mine Safety and Health Administration  
100 Bluestone Road  
Mount Hope, WV 25880-1000



MAY 4 2006

Mr. Mike Vaught  
Performance Coal Company  
ID No. 46-08436  
Box 69  
Naoma, West Virginia 25140

Dear Mr. Vaught:

In accordance with Part 100, Title 30 CFR, this is to advise you that a Health and Safety Conference concerning the Citation(s) and/or Order(s) listed below has been scheduled at a.m., 2:15 p.m., on May 16, 2006 as per your request dated May 3, 2006. The conference will be held in the Mt. Hope MSHA office located at Mt. Hope, WV. Failure to appear as scheduled will negate your right to a conference at a future date. However, you should be aware that participation in this conference does not waive your right to a formal hearing with the Federal Mine Safety and Health Review Commission concerning these Citations and/or Orders.

Viol. Number    Viol. Number    Viol. Number    Viol. Number  
\*72439i7

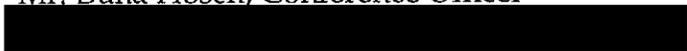
This conference has been assigned to Dana Hosch. Should you find that you are unable to attend this conference at the time scheduled or have any questions or comments, please call Mr. Hosch at (304) 877-3900 Ext. 103 as soon as possible. We appreciate your cooperation.

Sincerely,

Dana Hosch  
Conference Officer  
Coal Mine Safety and Health, District 4

\*This conference is granted for special assessment only.

cc: Mr. Dana Hosch, Conference Officer



Files

6-153

8436

5/12

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Mike Naught*  
 PERFORMANCE COAL CO.  
 P O BOX 69  
 NAOMA WV 25140

2. Article Number

7005 1820 0007 7844 8261

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *C. Howell*

- Agent
- Addressee

B. Received by (Printed Name)

*C. Howell*

C. Date of Delivery

5-8-06

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

6-153 F 8436 L 5/12

7005 1820 0007 7844 8261

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pk	

5/5/06  
Postmark Here

*Mike Naught*  
 Sent To PERFORMANCE COAL CO.  
 Street, Apt or PO Box P O BOX 69  
 City, State NAOMA WV 25140



# PERFORMANCE SAFETY DEPARTMENT

DATE: 04/03/06  
TO: Jesse Cole

FROM: Mike Vaught

RE: Request for Conference

I respectfully request to conference the following violation/violations.

Citation #	Date
7243917	04/13/06

OPERATION: Upper Big Branch Mine

ID#: 46-08436

INSPECTOR: [REDACTED] AR# 23591

Brief description for reason of requested conference:

Validity

Gravity

6-153  
**RECEIVED**

MAY 4 2006

MSHA CLR  
DISTRICT 4

C:\Documents and Settings\gpoe\Desktop\GPFFiles\CitationConferenceRequest\UBB-Citation(7235580)(Issued2-7-05)(Sent2-17-05).doc

## U. S. Department of Labor

Mine Safety and Health Administration  
100 Bluestone Road  
Mount Hope, WV 25880-1000



April 25, 2006

Mr. Bill Potter  
President  
Performance Coal Company, Inc.  
POB 69  
Naoma, WV 25140

Dear Mr. Potter:

In accordance with Part 100, Title 30, a review of the following Citation(s)/Order(s) issued at Upper Big Branch Mine - South, ID No. 46-08436, Performance Coal Company, is being made to determine whether the regular assessment formula should be waived and a special assessment proposed.

CITATION/ORDER NO.    DATE ISSUED

7243917

04/13/06

You have the right to request a safety and health conference regarding this action. To exercise this right, you must submit your request for a conference to this office within 10 calendar days of the date of receipt of this letter. If you do not wish to conference this action, a response is not required.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lincoln L. Selfe, Jr.".

Lincoln L. Selfe, Jr.  
Assistant District Manager  
Coal Mine Safety & Health, District 4

cc: Files/pab

# Performance Coal Safety

P. O. Box 69 Naoma WV 25140

Phone: 304-854-1762

Fax: 304-854-3530

## Fax

<i>To: Lincoln Selfe</i>	<i>From: Mike Vaught</i>
<i>Fax: 877-3927</i>	<i>Pages: 04</i>
<i>Phone: 877-3900</i>	<i>Date: 05/03/06</i>
<i>Re: Conference Request</i>	<i>CC:</i>

**Comments:**

**U. S. Department of Labor**

Mine Safety and Health Administration  
100 Bluestone Road  
Mount Hope, WV 25880-1000



April 25, 2006

Mr. Bill Potter  
President  
Performance Coal Company, Inc.  
POB 69  
Naoma, WV 25140

Dear Mr. Potter:

In accordance with Part 100, Title 30, a review of the following Citation(s)/Order(s) issued at Upper Big Branch Mine - South, ID No. 46-08436, Performance Coal Company, is being made to determine whether the regular assessment formula should be waived and a special assessment proposed.

CITATION/ORDER NO.    DATE ISSUED

7243917

04/13/06

You have the right to request a safety and health conference regarding this action. To exercise this right, you must submit your request for a conference to this office within 10 calendar days of the date of receipt of this letter. If you do not wish to conference this action, a response is not required.

Sincerely,

Lincoln L. Selfe, Jr.  
Assistant District Manager  
Coal Mine Safety & Health, District 4

cc: Files/pab

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 46-08436  
Mr. Bill Potter, President  
Performance Coal Company  
POB 69  
Naoma, WV 25140

E01-411118-7243917

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 C. Hull  Agent  
 Addressee

B. Received by, (Printed Name) C. Hull C. Date of Delivery  
4-26-06

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7002 3150 0005 2902 7504

7002 3150 0005 2902 7504

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Total Postage & Fees	\$

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4/26/06

Sent To Bill Potter, Pres.  
 Street, Apt. No., or PO Box No. Performance - POB 69  
 City, State, ZIP+4 Naoma, WV 25140

PS Form 3800, June 2002 See Reverse for Instructions

Special Assessment Review Form

JUN 08 2006

U.S. Department of Labor Mine Safety and Health Administration



1. MSHA District Office 4 - Mt. Hope, WV	2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436	4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY	6. Citation/Order Number 7243917	7. Citation/Order Issue Date 4/13/2006

8. Accident Related Violation?  Yes  No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment?  Yes  No B. Health and Safety Conference Held on Special Assessment?  Yes  No

10. Inspector's Recommendation

Special Assessment?  Yes  No If yes, explain below the serious or aggravating circumstances involved.

The mine operator was responsible for assuring the accuracy of the map and when asked to explain the map no one knew what was suppose to be correct on the map. This is the second time that the map has been found to be inaccurate.

[Redacted Signature]

See Continuation Sheet

Signature

Date

4-17-06

11. Supervisor's Review

Special Assessment?  Yes  No

Comments:

*Roger D. Richmond*

See Continuation Sheet

Signature

Date

4-18-06

12. Subdistrict Manager's/Assistant District Manager's Review

Special Assessment?  Yes  No

Comments:

*Incoia L. DeLise*

See Continuation Sheet

Signature

Date

4/21/06

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)

Special Assessment?  Yes  No

Comments:

See Continuation Sheet

Signature

Date

Mine Citation/Order

JUN 08 2006

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
4-17-06  


Section I--Violation Data

1. Date Mo Da Yr 04/13/2006	2. Time (24 Hr. Clock) 0730	3. Citation/ Order Number 7243917
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The 1200 wall map that was certified on 12-31-2005 was inadequate in that the map shows stoppings that are not installed, air directions that are in a different direction than that found underground, regulators that do not exist, no means shown to evaluate the 3 rd right pillar panel off of the LBB mains, and shows return air in the 1st and 2nd right panels when it is not return air ventilating these panels. The mining was complete in this area on 10-01-2005, that was prior to this map being certified.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1200
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>		Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		

11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
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12. Type of Action 104(a)	13. Type of Issuance (check one)	Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
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14. Initial Action	E. Citation/ Order Number	F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>
D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 04/20/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
5-9-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/13/2006	3. Citation/ Order Number 7243917 - 01
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The area is being re mapped and more time is needed as ventilation changed have been approved and more time is granted.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 05/16/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 05/09/2006	13. Time (24 Hr. Clock) 1120

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
5-17-06



Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/13/2006 Mo Da Yr	3. Citation/ Order Number 7243917 - 02
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II-Justification for Action

A new certified up to date map has been provided for the mine office.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118	
11. Signature [Redacted]	12. Date Mo Da Yr 05/17/2006	13. Time (24 Hr. Clock) 0730

Mine Citation/Order

5/3/06

U.S. Department of Labor  
Mine Safety and Health AdministrationRR  
4-17-06

## Section I--Violation Data

1. Date Mo Da Yr 04/13/2006	2. Time (24 Hr. Clock) 0900	3. Citation/ Order Number 7243918
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

A 110 volt pump was found in the return drift, three crosscuts in by the drift opening, that was not permissible and the power connection point for the pump was also in the return entry. This return is from the LBB mains that has a pillared area.,

See Continuation Form (MSHA Form 7000-3a) 

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.507
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## Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or Illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	
F. Dated Mo Da Yr					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 04/13/2006	B. Time (24 Hr. Clock) 1000
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## Section III--Termination Action

17. Action to Terminate. The pump was de-energized and will be removed from the return entry.

18. Terminated	A. Date Mo Da Yr 04/13/2006	B. Time (24 Hr. Clock) 0915
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## Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
4-17-06  


Section I--Violation Data

1. Date Mo Da Yr 04/13/2006	2. Time (24 Hr. Clock) 1145	3. Citation/ Order Number 7243919
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

No dates, times and initials were present in the 1ST right panel off the LBB mains to indicate that the area was being traveled and no means had been established to evaluate the panel.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.364(a)
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Section II--Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
	C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 04/17/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/13/2006	3. Citation/ Order Number 7243919 - 01
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The area is being corrected to permit travel of the entire panel and water is being pumped and more time is needed and hereby granted.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 05/16/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 05/09/2006	13. Time (24 Hr. Clock) 1122

RR  
5-17-06

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/13/2006 Mo Da Yr	3. Citation/ Order Number 7243919 - 02
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

The panel has been made common and is now being traveled on a weekly basis and dates, times and initials are present in the panel.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	IR Number 3591	12. Date Mo Da Yr 05/17/2006	13. Time (24 Hr. Clock) 1030

Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
4-17-06  


Section I--Violation Data

1. Date Mo Da Yr 04/13/2006	2. Time (24 Hr. Clock) 1000	3. Citation/ Order Number 7243920
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The entry for the 2ND right panel off the LBB mains where a person has been traveling on a weekly basis, has two areas at 3 and 4 crosscuts, where the roof had had fallen between the roof bolts and bearing plates and was exposing that person to hazards related to falls of the roof.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.202(a)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>			
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 04/14/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
5-9-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/13/2006	3. Citation/ Order Number 7243920 - 01
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The area is being rehabilitated to re direct travel in this panel and more time is needed and herby granted.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 05/16/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 05/09/2006	13. Time (24 Hr. Clock) 1126

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

PA  
5-17-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue)	Mo Da Yr 04/13/2006	3. Citation/ Order Number	7243920 - 02
4. Served To Dempsey Pettry, Foreman			5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH			7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

The area has been dangered off and the travel way has been rerouted through this panel.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection	E01	10. Event Number	4111118	
11. Signature	IR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clock)
	23591		05/17/2006	1045

Mine Citation/Order

5/19/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
4-18-06  


Section I--Violation Data

1. Date Mo Da Yr 04/17/2006	2. Time (24 Hr. Clock) 1030	3. Citation/ Order Number 7243921
4. Served To Dempsey Pettry, Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The hydraulic take-up unit for the 16 headgate belt (mother drive) was not provided with automatic fire protection. A large amount of oil was around the take-up unit.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>			
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 04/18/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3a Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

RA  
5-8-06

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/17/2006 Mo Da Yr	3. Citation/ Order Number 7243921 - 01
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II-Justification for Action

The take-up was provided with automatic fire suppression.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	11. Citation Number 23591	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 0830

6/6/06

RR  
4-20-06

Section I--Violation Data

1. Date Mo Da Yr 04/19/2006	2. Time (24 Hr. Clock) 1330	3. Citation/ Order Number 7243922
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The approved ventilation plan was not being followed in that the air No 3 track entry was going down the track from crosscut 147 and traveling up the track entry at crosscut 134. The air in the NO 4 belt entry was traveling down the belt to crosscut 134 and traveling up the belt entry from the belt head to crosscut 134. The approved ventilation plan permits the air to travel in only one direction.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>	
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>		
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected:	005		
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action	104(a)		13. Type of Issuance (check one)	Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action	A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment						

16. Termination Due	A. Date Mo Da Yr 04/24/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/19/2006	Mo Da Yr	3. Citation/ Order Number 7243922 - 01
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)	

Section II-Justification for Action

This mine has been making a multitude of ventilation changes and needs one more day to correct this condition and time is hereby granted.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 05/18/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	R Number 3591	12. Date Mo Da Yr 05/17/2006	13. Time (24 Hr. Clock) 0800

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/19/2006	3. Citation/ Order Number 7243922 - 02
4. Served To Dempsey Pettry, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The air is traveling in the proper direction.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature 	R Number 3591	12. Date Mo Da Yr 05/18/2006	13. Time (24 Hr. Clock) 1100



Section I--Violation Data

1. Date Mo Da Yr 04/23/2006	2. Time (24 Hr. Clock) 1925	3. Citation/ Order Number 7243923
4. Served To Mickey Pettry Section, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The 031-0 longwall section has large massive sections of rock that is falling from the face cuts onto the moving pan line adjacent to where persons are traveling between the shields and the moving conveyance system. The pan line walkway has a multitude of rock that has spilled into the walkway from the pan line. Rock that was so large was observed catching on one of the shields and spilled into the walkway and left a rock that was approximately 4 foot in length, 2 foot wide and 2 foot in thickness and was deposited on the pan line spill board and blocked the walkway. The large rock was catching on the moving pan line conveyor chain and pushing out into the walkway at numerous locations and the pan line had to be stopped to clear the rock.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>	
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>		
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected:			
11. Negligence (check one)						
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>		
12. Type of Action	107(a)	13. Type of Issuance (check one)		Citation <input type="checkbox"/>	Order <input checked="" type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number	F. Dated Mo Da Yr		
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>			

15. Area or Equipment No person is to enter the moving pan line while in operation other than the shear operators or the jack setter only when pushing the pan line.

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code)	EQ1	20. Event Number 4111118	21. Primary or Mill
22. Signature			23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/23/2006	3. Citation/ Order Number 7243923 - 01
4. Served To Mickey Pettry Section, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Issued in error

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input checked="" type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 04/24/2006	13. Time (24 Hr. Clock) 0959

RR  
5-3-06  


Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

Section I--Violation Data			
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/ Order Number
	05/02/2006	0925	7243924
4. Served To		5. Operator	
Wendel Wills, Mine Foreman		PERFORMANCE COAL COMPANY	
6. Mine		7. Mine ID	
UPPER BIG BRANCH MINE-SOUTH		46-08436 (Contractor)	
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The tail roller for the No.1 North West belt conveyor was not guarded a sufficient distance to prevent a person from reaching into the pinch point and contacting the moving tail roller.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			75.1722(b)

Section II--Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action		13. Type of Issuance (check one)		
104(a)		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action				F. Dated
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)
	05/02/2006		2300

Section III--Termination Action			
17. Action to Terminate			
18. Terminated	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data			
19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill	
EQ1	4111118		
22. Signature			23. AR Number
[Redacted Signature]			23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

RR  
5-8-06

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 05/02/2006	3. Citation/ Order Number 7243924 - 01
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4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY
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6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)
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Section II--Justification for Action

The tail roller has been properly guarded.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 111118
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11. Signature [Redacted]	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 1100
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Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
5-3-06



Section I--Violation Data

1. Date Mo Da Yr 05/02/2006	2. Time (24 Hr. Clock) 0935	3. Citation/ Order Number 7243925
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The power hydraulic unit for the No.2 North West belt drive was not provided with an automatic fire suppression system spray.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/  
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/03/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date  
Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
5-8-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 05/02/2006 Mo Da Yr	3. Citation/ Order Number 7243925 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The power take up unit has been provided with an automatic fire spray system.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118	
11. Signature 	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 1110

Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

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5-3-06



Section I--Violation Data

1. Date Mo Da Yr 05/02/2006	2. Time (24 Hr. Clock) 0930	3. Citation/ Order Number 7243926
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The deluge type fire protection provided for the No. 2 North West belt head location did not provide protection for the twin belt drives.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101-2
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Section II--Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 05/03/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 05 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
5-8-06



Section I-Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/02/2006	3. Citation/Order Number 7243926 - 01
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4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY
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6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)
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Section II-Justification for Action

Four spays have been provided for the twin belt drives.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118
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11. Signature 	AR Number 23591	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 1120
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Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

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5-3-06  


Section I--Violation Data

1. Date Mo Da Yr 05/02/2006	2. Time (24 Hr. Clock) 0935	3. Citation/ Order Number 7243927
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Loose coal, coal dust and rock were permitted to accumulate on top and compacted on the back side of the power hydraulic unit for the No. 2 North West unit. This unit produces a large amount of heating.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/  
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/03/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

RR  
5-8-06

Mine Citation/Order

U.S. Department of Labor  
Mine Safety and Health Administration



Continuation

Section I - Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/02/2006	3. Citation/Order Number 7243927 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II - Justification for Action

The loose combustibile materials have been removed.

See Continuation Form

Section III - Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV - Inspection Data

9. Type of Inspection E01	10. Event Number 4111118
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11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 1125
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Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
5-3-06  


Section I--Violation Data

1. Date Mo Da Yr 05/02/2006	2. Time (24 Hr. Clock) 0955	3. Citation/ Order Number 7243928
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The deluge fire suppression system for the No. 1 HG-18 belt drive location were not properly arranged to provide protection for 50 foot of the bottom surface of the top belt and the upper surface of the bottom belt conveyor.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101-1(b)
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Section II--Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		D. Number of Persons Affected: 001	
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104(a)		13. Type of Issuance (check one)	Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>
14. Initial Action	A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>
	E. Citation/ Order Number			F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/03/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

RR  
5-8-06

Mine Citation/Order

U.S. Department of Labor

Continuation  Mine Safety and Health Administration

Section I - Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/02/2006	3. Citation/Order Number 7243928 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II - Justification for Action

The sprays have been arranged to protect both surface areas of the belt.

See Continuation Form

Section III - Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV - Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signa [Redacted]	R Number 3591	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 1205

Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

RK  
5-3-06  


Section I--Violation Data			
1. Date	Mo Da Yr 05/02/2006	2. Time (24 Hr. Clock) 0955	3. Citation/ Order Number 7243929
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The No. 1 HG-18 belt head location was not provided with fire suppression protection sprays for the twin belt drives.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101-2
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Section II--Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr 05/03/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action		
17. Action to Terminate		

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data		
19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RA  
5-8-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 05/02/2006	Mo Da Yr	3. Citation/ Order Number 7243929 - 01
4. Served To Wendel Wills, Mine Foreman			5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH			7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

Four sprays were provided for the twin belt drives.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Sig [Redacted]	AR Number 23591	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 1210

Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
5-3-06  


Section I--Violation Data

1. Date Mo Da Yr 05/02/2006	2. Time (24 Hr. Clock) 1035	3. Citation/ Order Number 7243930
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The No. 2 HG-18 belt conveyor belt was rubbing the bearing housing at the belt drive roller and severely damaging the moving belt conveyor. This area had a small amount of combustible coal at the belt drive roller. \* note that the belt drive rollers were not protected with fire suppression sprays, and a separate citation was issued. Management immediately removed the belt conveyor from service.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>		Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 05/02/2006	B. Time (24 Hr. Clock) 1400
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Section III--Termination Action

17. Action to Terminate The belt discharge roller was realigned and the belt was no longer contacting the metal bearing housing.

18. Terminated	A. Date Mo Da Yr 05/02/2006	B. Time (24 Hr. Clock) 1155
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contact officials and propose penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.



Section I--Violation Data

1. Date Mo Da Yr 06/05/2006	2. Time (24 Hr. Clock) 1700	3. Citation/ Order Number 7256456
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The 015-0 and 030-0 section track entry where men travel in and out on two shifts each day was not adequately examined prior to entering in that citation # 7256456 was issued for damaged supplemental roof supports. No record of damaged roof supports of excessive roof weight was recorded in the examination records book. The records were examined from this date back to 05-19-2006 and all entries related to the track entry stated that the track was "ok" or clear.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.360(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input checked="" type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input checked="" type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(d)(1)		13. Type of Issuance (check one)			
		Citation <input type="checkbox"/>	Order <input checked="" type="checkbox"/>	Safeguard <input type="checkbox"/>	
14. Initial Action			E. Citation/ Order Number	F. Dated	Mo Da Yr
A. Citation <input checked="" type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	7250745	03/22/2006

15. Area or Equipment The area inby the track at apad # 20386 for a distance of 200 feet on the 015-0 and 030-0 section.

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
	06/12/2006	1000

Section IV--Automated System Data

19. Type of Inspection (activity code)	E04	20. Event Number	4111127	21. Primary or Mill
22. Signature	[Redacted]			23. AR Number
				23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/05/2006	3. Citation/ Order Number 7256456 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
14. Initial Action	Citation	Order
Reason		
14. E. Citation/Order Number	7254896	7254895
Reason		

Change 14. 14E

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E04	10. Event Number 4111127	
11. Signature [Redacted]	12. Date Mo Da Yr 06/05/2006	13. Time (24 Hr. Clock) 1800



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/05/2006	Mo Da Yr	3. Citation/ Order Number 7256456 - 02
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

Change	From	To
8. Condition Or Practice	Reason Change in the body the word "citation # 7256456 " to Read: citation # 7256455	
15. Area or Equipment	Reason Change the word apad to read: spad	
Modify 8. Condition or Practice and 15. Area or Equipment		

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E04	10. Event Number 4111127	
11. Signature [Redacted] Number 591	12. Date Mo Da Yr 06/06/2006	13. Time (24 Hr. Clock) 1522

RR  
5-3-06



Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

Section I--Violation Data

1. Date Mo Da Yr 05/02/2006	2. Time (24 Hr. Clock) 1040	3. Citation/ Order Number 7243931
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The single drive belt drive roller for the No. 2 HG-18 belt drive was not provided with fire suppression system protection.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101-2
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:		No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001	
11. Negligence (check one)						
A. None <input type="checkbox"/>		B. Low <input type="checkbox"/>		C. Moderate <input checked="" type="checkbox"/>		D. High <input type="checkbox"/>
E. Reckless Disregard <input type="checkbox"/>						
12. Type of Action 104(a)			13. Type of Issuance (check one)			
			Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action				E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>		B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>		D. Written Notice <input type="checkbox"/>

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/03/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contact officials and request agencies and obtain a hearing before the Federal Mine Safety and Health Review Commission.

RR  
5-8-06

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/02/2006	3. Citation/ Order Number 7243931 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

A spray bar was provided for the single belt drive.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 1230

6/6/06



Section I--Violation Data

1. Date Mo Da Yr 05/02/2006	2. Time (24 Hr. Clock) 1125	3. Citation/ Order Number 7243932
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The No. 3 HG-18 belt drive was not provided with protection of the belt conveyor for a distance of 50 feet in that when measured only provided protection for 30 feet of belt conveyor from the belt head along the belt conveyor.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101-2
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>			
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 05/04/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have,

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/02/2006	3. Citation/ Order Number 7243932 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The belts are now protected for a distance of 50 feet.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Sign 	AR Number 23591	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 1240

Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

5-3-06



Section I--Violation Data

1. Date Mo Da Yr 05/02/2006	2. Time (24 Hr. Clock) 1140	3. Citation/ Order Number 7243933
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The deluge fire suppression system provided for the No. 3 HG-18 belt head location did not provide protection for the bottom surface of the top belt conveyor or the upper surface of the bottom belt conveyor.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101-1(b)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/03/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have.

Mine Citation/Order Continuation

U.S. Department of Labor Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/02/2006	3. Citation/Order Number 7243933 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

All surface areas for this belt is now properly protected.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	IR Number 3591	12. Date Mo Da Yr 05/04/2006	13. Time (24 Hr. Clock) 1250

6/6/06

17  
5.8.06



Section I--Violation Data

1. Date Mo Da Yr 05/07/2006	2. Time (24 Hr. Clock) 0615	3. Citation/ Order Number 7243934
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The CSE self contained self rescuer being carried by [redacted] to be used in the event of an emergency, was not being maintained and is not suitable for use in that the bottom inspection eyelet was cracked and the bottom of the rescuer case had major dents and distortion to the case.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1714-3(a)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input checked="" type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/07/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate The rescuer and carrying case was replaced with a new one.

18. Terminated	A. Date Mo Da Yr 05/07/2006	B. Time (24 Hr. Clock) 0630
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature [redacted]		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

6/6/06

5-8-06  


Section I--Violation Data

1. Date Mo Da Yr 05/07/2006	2. Time (24 Hr. Clock) 0620	3. Citation/ Order Number 7243935
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The CSE self contained self rescuer, Sn# 51937, being carried by [redacted] to be used in the event of an emergency, was not being maintained and is not suitable for use in that the bottom inspection eyelet was white, indicating a breach in the seal of the unit.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1714-3(a)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input checked="" type="checkbox"/>
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/07/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate The rescuer and case was replaced with a new one.

18. Terminated	A. Date Mo Da Yr 05/07/2006	B. Time (24 Hr. Clock) 0630
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature [redacted]		23. AR Number 23591

MSHA Form 7000-3, Mar 86 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

6/6/06



Section I--Violation Data

1. Date Mo Da Yr 05/07/2006	2. Time (24 Hr. Clock) 0625	3. Citation/ Order Number 7243936
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

The CSE self contained self rescuer, sn#106871, being carried by [redacted] to be used in the event of an emergency, was not being maintained and<sup>(C)</sup> is not suitable for use in that the bottom rubber for the seal of the unit was badly damaged and partially missing.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1714-3(a)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/  
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/07/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate The rescuer and carrying case was replaced with a new one.

18. Terminated	A. Date Mo Da Yr 05/07/2006	B. Time (24 Hr. Clock) 0645
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

6/20/06

U.S. Department of Labor  
Mine Safety and Health Administration

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5-23-06



Section I--Violation Data

1. Date Mo Da Yr 05/23/2006	2. Time (24 Hr. Clock) 0900	3. Citation/ Order Number 7243946
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The unattended hydraulic, electrically powered scraper unit for the No.2 North belt drive that was located at the discharge roller location was not provided with automatic fire suppression protection as required in 75.1107-3 through 75.1107-16.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-1(a)(2)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/  
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/24/2006	B. Time (24 Hr. Clock) 1600
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

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6-73-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 05/23/2006 Mo Da Yr	3. Citation/ Order Number 7243946 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The hydraulic unit was provided with 4 sprays and a sensor.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	Number 591	12. Date Mo Da Yr 06/12/2006	13. Time (24 Hr. Clock) 0945

8/14/06

11K  
6-26-06

Section I--Violation Data

1. Date Mo Da Yr 06/26/2006	2. Time (24 Hr. Clock) 0830	3. Citation/ Order Number 7247598
4. Served To WENDELL WILLS, SUPERINTENDENT		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		

8a. Written Notice (103g)

The operator has not made a record for 36 of the methane detectors at this mine that they have been calibrated within the last 31 days.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.342(a)(4)(ii)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 036		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 06/27/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23855

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

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6-28-06  


Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/26/2006	Mo Da Yr	3. Citation/ Order Number 7247598 - 01
4. Served To Wendel Wills, Mine Foreman			5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH			7. Mine ID 46-08436 (Contractor)	

Section II-Justification for Action

The records reveal that all detectors have been calibrated and are now up to date.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 06/28/2006	13. Time (24 Hr. Clock) 1259



5/9/06

Section I--Violation Data

1. Date Mo Da Yr 04/23/2006	2. Time (24 Hr. Clock) 0730	3. Citation/ Order Number 7251663
4. Served To Wendell Wills, Supt.		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The Ventilation Plan is not being complied with on the Longwall 031-0 MMU Bleeder Evaluation Points. The results of the air quantities for Evaluation Points #41 and #41-A and Headgate 15 EP's #1 and #2 are not recorded in the pre-shift examination record for the day shift on 04/23/2006. The Ventilation Plan dated 04/21/2006 requires that the air quantity be measured each shift. The #41-A Evaluation point has been recorded as air movement only since 04/19/2006.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>	C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action	104(a)	13. Type of Issuance (check one)		Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action	A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment						

16. Termination Due	A. Date Mo Da Yr 04/23/2006	B. Time (24 Hr. Clock) 1430
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Section III--Termination Action

17. Action to Terminate The required air quantities have now been recorded in the examination book.

18. Terminated	A. Date Mo Da Yr 04/23/2006	B. Time (24 Hr. Clock) 1430
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Section IV--Automated System Data

19. Type of inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 24024	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

5/10/06



Section I--Violation Data

1. Date Mo Da Yr 04/23/2006	2. Time (24 Hr. Clock) 1310	3. Citation/ Order Number 7251664
4. Served To Ben Dulin, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The stationary utility Winch located on the Long wall 031-0 MUM Section Stage loader, is not being maintained in a safe operating condition. The Winch 3/8 inch steel cable has numerous broken strands near the hook end and a small chain on the looped cable is not secured with a proper connection link (3/8 inch bolt used). The Winch is also not plumbed with long enough hydraulic hose to allow the Winch Operator to operate the Winch from a safe location. The Winch Operator would have to position themselves directly behind and in direct line of travel of the cable and chain should it break.

The Operator removed the damaged cable end and removed the hydraulic controls from the Winch and posted a danger tag on the Winch.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 04/23/2006	B. Time (24 Hr. Clock) 1400
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Section III--Termination Action

17. Action to Terminate The damaged cable end and the chain has now been removed and the hydraulic controls have been removed from the Winch rendering it inoperable.

18. Terminated	A. Date Mo Da Yr 04/23/2006	B. Time (24 Hr. Clock) 1330
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 24024

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

6/6/06

if it  
5-8006  
MJD

Section I--Violation Data

1. Date Mo Da Yr 05/04/2006	2. Time (24 Hr. Clock) 1610	3. Citation/ Order Number 7251671
4. Served To Jonny Nelson, Const. Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The Plumley Mainline Air-lock Doors, near the Surface Portal, are not being operated in pairs so as to form an air-lock. The outby door is broken from the hinges and not in operation and the inby door was open. This mine has a history of methane ignitions and is on a 103 (i) methane spot status.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.333(d)(3)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>		Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>
12. Type of Action	104(a)		13. Type of Issuance (check one)		
			Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action	E. Citation/ Order Number			F. Dated Mo Da Yr	
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 05/04/2006	B. Time (24 Hr. Clock) 2300
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Section III--Termination Action

17. Action to Terminate The door has now been repaired and is operational.

18. Terminated	A. Date Mo Da Yr 05/04/2006	B. Time (24 Hr. Clock) 2310
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 24024

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health Administration

117  
5-8-06  
MID  
[Logo]

Section I--Violation Data

1. Date Mo Da Yr 05/04/2006	2. Time (24 Hr. Clock) 1820	3. Citation/ Order Number 7251672	8a. Written Notice (103g) <input type="checkbox"/>
4. Served To Ben Dulin, Foreman		5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The required first aid supplies are not being maintained on the Longwall 031-0 MMU Section. The following items were not available:

1. Twenty-four (24) Triangular Bandages.
2. Eight (8) 4 inch Bandage Compresses.
3. Eight (8) 2 inch Bandage Compresses.
4. Twelve (12) 1 inch Adhesive Compresses.
5. Two (2) Tourniquets.
6. No Ammonia Ampules or Aromatic Spirits of Ammonia.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1713-7(b)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input checked="" type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 05/04/2006	B. Time (24 Hr. Clock) 2300
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Section III--Termination Action

17. Action to Terminate The required first aid supplies have now been provided to the Longwall 031-0 MMU Section.

18. Terminated	A. Date Mo Da Yr 05/04/2006	B. Time (24 Hr. Clock) 1915
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Section IV--Automated System Date

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 24024

MSHA Form 7000-3, Mar 05 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Special Assessment  
Review Form

JUL 11 2006

U.S. Department of Labor  
Mine Safety and Health Administration



1. MSHA District Office 4 - Mt. Hope, WV	2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436	4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY	6. Citation/Order Number 7251673	7. Citation/Order Issue Date 5/6/06

8. Accident Related Violation?  Yes  No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment?  Yes  No B. Health and Safety Conference Held on Special Assessment?  Yes  No

10. Inspector's Recommendation  
Special Assessment?  Yes  No If yes, explain below the serious or aggravating circumstances involved.

This 031-0 MMU has continued to be non compliant of the respirable dust standard since January 2006. The Operator is required to sample each production shift as per their Ventilation, Methane, Dust Control Plan, so as to evaluate the environment of the miners. The Operator has demonstrated the lack of concern of the miners health by not assuring that the dust sampling equipment has been properly assembled and tested prior to use. The Operator has engaged in conduct more than ordinary negligence, therefore I am requesting this citation be reviewed for special assessment

See Continuation Sheet

Signature: [Redacted] Date: 05/07/06

11. Supervisor's Review  
Special Assessment?  Yes  No  
Comments:

Signature: [Signature] Date: 5/8/06

12. Subdistrict Manager's/Assistant District Manager's Review  
Special Assessment?  Yes  No  
Comments:

Signature: [Signature] Date: 5/8/06

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)  
Special Assessment?  Yes  No  
Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**U. S. Department of Labor**

Mine Safety and Health Administration  
100 Bluestone Road  
Mount Hope, WV 25880-1000



May 9, 2006

Mr. Craig Boggs  
President  
Performance Coal Company, Inc.  
POB 69  
Naoma, WV 25140

Dear Mr. Boggs:

In accordance with Part 100, Title 30, a review of the following Citation(s)/Order(s) issued at Upper Big Branch Mine - South, ID No. 46-08436, Performance Coal Company, Inc., is being made to determine whether the regular assessment formula should be waived and a special assessment proposed.

CITATION/ORDER NO.    DATE ISSUED

7251673

05/06/06

You have the right to request a safety and health conference regarding this action. To exercise this right, you must submit your request for a conference to this office within 10 calendar days of the date of receipt of this letter. If you do not wish to conference this action, a response is not required.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lincoln L. Selfe, Jr.".

Lincoln L. Selfe, Jr.  
Assistant District Manager  
Coal Mine Safety & Health, District 4

cc: Files/pab

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Chulle</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Chawell</i> C. Date of Delivery <i>5-10</i></p>
<p>1. Article Addressed to: <i>46-08436</i></p> <p><i>Mr. Craig Boggs, Pres.</i>  <i>Performance Coal Co.</i>  <i>POB 69</i>  <i>Naama, NV 25140</i>  <i>(7251673-E01-411118)</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p><i>7002 3150 0005 2902 7580</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Restricted Delivery Fee (Endorsment Required)		
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*5/9/06*

Sent To *Craig Boggs, Pres.*

Street, Apt. No., or PO Box No. *POB 69*

City, State, ZIP+4 *Naama NV 25140*

PS Form 3800, June 2002 See Reverse for Instructions

7002 3150 0005 2902 7580

7/26/06

11 n  
5-8-06  
MSHA

Section I--Violation Data

1. Date Mo Da Yr 05/06/2006	2. Time (24 Hr. Clock) 1605	3. Citation/ Order Number 7251673
4. Served To Milton Pettry, Section Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The approved respirable dust sampling devices being used on the 031-0 MMU, Longwall Section, are not being examined and tested immediately before each sampling shift. The battery voltage for the day and evening shift sampling device was not tested under actual load to assure the battery is fully charged. A voltage meter is not available at this mine site to make this required examination by the certified dust sampler.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 70.204(d)(1)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input checked="" type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 05/09/2006	B. Time (24 Hr. Clock) 0700
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 24024

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

8-14-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/06/2006	3. Citation/ Order Number 7251673 - 01
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

The dust sampling devices are now being properly tested and examined before each sampling shift. The affected persons have received instruction on proper testing of the devices and a voltage meter has been made available at this mine site.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature 	AR Number 24024	12. Date Mo Da Yr 05/08/2006	13. Time (24 Hr. Clock) 1600

Mine Citation/Order

JUL 11 2006

U.S. Department of Labor  
Mine Safety and Health Administration

5-8-06  
WATD

Section I--Violation Data

1. Date Mo Da Yr 05/06/2006	2. Time (24 Hr. Clock) 1605	3. Citation/ Order Number 7251673
4. Served To Milton Pettry, Section Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The approved respirable dust sampling devices being used on the 031-0 MMU, Longwall Section, are not being examined and tested immediately before each sampling shift. The battery voltage for the day and evening shift sampling device was not tested under actual load to assure the battery is fully charged. A voltage meter is not available at this mine site to make this required examination by the certified dust sampler.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 70.204(d)(1)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input checked="" type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/09/2006	B. Time (24 Hr. Clock) 0700
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 24024

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

PR 5-12-06  
MID



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 05/06/2006 Mo Da Yr	3. Citation/ Order Number 7251673 - 01
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The dust sampling devices are now being properly tested and examined before each sampling shift. The affected persons have received instruction on proper testing of the devices and a voltage meter has been made available at this mine site.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 24024	12. Date Mo Da Yr 05/08/2006	13. Time (24 Hr. Clock) 1600

Mine Citation/Order

6/6/06

U.S. Department of Labor  
Mine Safety and Health AdministrationRA  
5-12-06

## Section I--Violation Data

1. Date Mo Da Yr 05/08/2006	2. Time (24 Hr. Clock) 1715	3. Citation/ Order Number 7251674
4. Served To James Griswaid, Shift Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The check-in and check-out system established at this mine is not being maintained so as to provide an accurate record of every person underground. There is numerous check tags indicating persons are underground that in fact were off duty. Also the system in use (identification tags) on several miners are not identical to the identification on the miners lamp belt worn underground.

See Continuation Form (MSHA Form 7000-3a) 

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1715
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## Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input checked="" type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 010		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 05/12/2006	B. Time (24 Hr. Clock) 0700
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## Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

## Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 24024

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/08/2006	3. Citation/ Order Number 7251674 - 01
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II-Justification for Action

The check-in system now depicts which persons are underground and new identification tags matching ones on the board and the miners lamp belt have been installed.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 24024	12. Date Mo Da Yr 05/14/2006	13. Time (24 Hr. Clock) 2330

Mine Citation/Order

6/16/06

U.S. Department of Labor  
Mine Safety and Health Administration

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5-16-06  


Section I--Violation Data

1. Date Mo Da Yr 05/15/2006	2. Time (24 Hr. Clock) 1550	3. Citation/ Order Number 7251675
4. Served To James Griswald, Shift Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		

8a. Written Notice (103g)

The air velocity recorded in the pre-shift examination record book for the No. 160 shield of the Longwall 031-0 MMU Section is less than what is required in the approved ventilation plan. This condition is not properly recorded nor is there any corrective action shown.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.363(b)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input checked="" type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 004		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 05/16/2006	B. Time (24 Hr. Clock) 0005
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Section III--Termination Action

17. Action to Terminate The condition has now been properly recorded and the corrective action shown.

18. Terminated	A. Date Mo Da Yr 05/16/2006	B. Time (24 Hr. Clock) 0005
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signatu		23. AR Number 24024

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

6/6/06



Section I--Violation Data

1. Date Mo Da Yr 05/20/2006	2. Time (24 Hr. Clock) 0810	3. Citation/ Order Number 7251676
4. Served To Milton Pettry, Section Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The Ventilation, Methane, Dust Control Plan is not being complied with on the Longwall 031-0 MMU Section. The Infrared Water Spray System is not activating the shield sprays in advance of the Shearer's cutting path. The power supply was disconnected from the Transmitter and the Transmitter was not properly secured thus not activating the required sprays. This section is on a reduced respirable dust standard of 1.7 mg/m3 and has been out of compliance since 02/06/2006. The section revised the Ventilation Plan and currently operating under a modified 104 (b) Order so as to evaluate the effects of the plan revision.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input checked="" type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 002

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/  
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 05/20/2006	B. Time (24 Hr. Clock) 0900
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Section III--Termination Action

17. Action to Terminate The Infrared Transmitter has been properly secured and the power source connected.

18. Terminated	A. Date Mo Da Yr 05/20/2006	B. Time (24 Hr. Clock) 0840
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signatu		23. AR Number 24024

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.



6/6/06

Section I--Violation Data

1. Date Mo Da Yr 05/20/2006	2. Time (24 Hr. Clock) 0815	3. Citation/ Order Number 7251677
4. Served To Milton Pettry, Section Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

An adequate On-shift examination of the respirable dust parameters, on the Joy Shearer, is not being conducted on the Longwall 031-0 MMU Section. The Infrared Water Spray System is not activating the shield sprays in advance of the Shearer's cutting path. The power supply was disconnected from the Transmitter and the Transmitter was not properly secured thus not activating the sprays as required in the approved plan. The Transmitter is located in a position that the most casual observer could evaluate its condition. This section is on a reduced respirable dust standard of 1.7 mg/m3 and has been out of compliance since 02/06/2006. The section revised the Ventilation Plan and currently operating under a modified 104 (b) Order so as to evaluate the effects of the plan revision.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.362(a)(2)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input checked="" type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 002		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>			B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>
D. Written Notice <input type="checkbox"/>					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 05/20/2006	B. Time (24 Hr. Clock) 0900
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Section III--Termination Action

17. Action to Terminate A proper on-shift respirable dust parameter examination has now been conducted.

18. Terminated	A. Date Mo Da Yr 05/20/2006	B. Time (24 Hr. Clock) 0845
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signat		23. AR Number 24024

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

9/7/06

RR  
6-6-06  


Section I--Violation Data

1. Date Mo Da Yr 06/05/2006	2. Time (24 Hr. Clock) 1300	3. Citation/ Order Number 7256453
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The alternative escape way was not provided with life lines for escape in the event of an emergency and even though a purchase order was provided for the life line, only 1,000 feet were ordered and approximately 45,000 feet of life line is needed.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.380(d)(2)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or Illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 06/06/2006	B. Time (24 Hr. Clock) 1400
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) EOI	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3a (Rev. 05-2005) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RIC  
6-6-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/05/2006	3. Citation/ Order Number 7256453 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The 48,000 feet has been ordered and will be received by this date.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 06/15/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Sign [REDACTED]	AR Number 23591	12. Date Mo Da Yr 06/06/2006	13. Time (24 Hr. Clock) 1530

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
8-20-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/05/2006	3. Citation/ Order Number 7256453 - 02
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The life line has been installed for 3,000 feet in the track entry from the outside inby and a new shipment is to arrive this date for 3,000 more feet. A letter has been received from the life line manufacture that assures that 3,000 feet of life line will be sent to this mine on a weekly basis. Management has assured that each week that the 3,000 feet will be installed. More time is granted provided that as the 3,000 feet is received each week it will be installed immediately as received.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 06/29/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118	
11. Signature 	12. Date Mo Da Yr 06/20/2006	13. Time (24 Hr. Clock) 1356

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/05/2006	3. Citation/Order Number 7256453 - 03
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The life line is installed to crosscut # 99 along the no. 3 belt conveyor and 3,000 feet has been received and will be installed this week and additional 3,000 feet will be delivered and installed the following week.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 07/14/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 06/28/2006	13. Time (24 Hr. Clock) 1304

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

*7/19/06*



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/05/2006	3. Citation/ Order Number 7256453 - 04
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The life line has been installed to # 128 crosscut and 3000' more feet will be installed this week and another 3000' will be delivered.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 08/01/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 07/17/2006	13. Time (24 Hr. Clock) 1243



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) 06/05/2006	Mo Da Yr	3. Citation/ Order Number 7256453 - 05
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

Additional life line has been installed to crosscut #105 along the #6 Belt for the North Mains.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr 08/28/2006	B. Time (24 Hr. Clock) 0800	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature [Redacted]	11. AR Number 23591	12. Date Mo Da Yr 08/09/2006	13. Time (24 Hr. Clock) 1414

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

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6-13-06



Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/05/2006 Mo Da Yr	3. Citation/ Order Number 7256456 - 03
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II-Justification for Action

The area has had a multitude of additional supports installed in this area and the examiners have been re-trained on hazardous recognition.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. S [REDACTED]	AR Number 23591	12. Date Mo Da Yr 06/12/2006	13. Time (24 Hr. Clock) 1000

**U. S. Department of Labor**

Mine Safety and Health Administration  
100 Bluestone Road  
Mount Hope, WV 25880-1000



JUL 31 2006

Mr. Mike Vaught  
Performance Coal Company  
ID No. 46-08436  
P O Box 69  
Naoma, West Virginia 25140

Dear Mr. Vaught:

This is to advise you that your request dated May 30, 2006 for a Health and Safety Conference on 104(a) Citation Nos. 7256457 and 7256458, 107(a) Order No. 7256459 issued in conjunction with 104(d)(1) Citation No. 7256460 and 104(d)(1) Order Nos. 7256461 and 7256462 will not be granted.

In communications with the Office of the Solicitor, Massey Energy's counsel has indicated its intentions to file notices of contest on all significant and substantial (S&S) citations and all orders. The above violations are S&S and will have been contested with the Review Commission.

If you have any questions regarding this matter, please call me at (304) 877-3900.

Sincerely,

A handwritten signature in cursive script that reads "Richard Dana Hosch".

Dana Hosch  
Conference Officer  
Coal Mine Safety and Health, District 4

cc: Mr. Dana Hosch, Conference Officer  
Files



# **PERFORMANCE SAFETY DEPARTMENT**

---

**DATE:** 06/17/06

**TO:** Lincoln Self  
**FROM:** Mike Vaught

**RE:** Request for Conference

---

*I respectfully request to conference the following violation/violations.*

- Citation # 7256457
- 7256458
- 7256459
- 7256460
- 7256461
- 7256462

**OPERATION:** Upper Big Branch Mine

**ID#:** 46-08436

**INSPECTOR:** [REDACTED] IR# 23591

*Brief description for reason of requested conference:*

*Validity*

---

*Gravity*

---

**RECEIVED**

JUN 19 2006

MSHA CLR  
DISTRICT 4

6-211

Mine Citation/Order

8/14/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-13-06  


Section I--Violation Data

1. Date Mo Da Yr 06/12/2006	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 7256457
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The walk thru roof bolter, sn# 96062, used on the 015-0 section was not maintained in a permissible condition in that the two area lights on the bottom of the ATRS had crushed loose packing glands and one broken light lens and the two center side area lights had extremely loose packing glands and one broken light lens. This mine is on a 10 day methane spot.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.503
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Section II--Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 002	
11. Negligence (check one)	A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action	104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>		
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	
F. Dated Mo Da Yr					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 06/12/2006	B. Time (24 Hr. Clock) 1400
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

RR  
6-26-06  


Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/12/2006 Mo Da Yr	3. Citation/ Order Number 7256457 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The bolter has been restored to a permissible condition.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection FOI	10. Event Number 4111118	
11. Signature 	12. Date Mo Da Yr 06/26/2006	13. Time (24 Hr. Clock) 0915

Mine Citation/Order

8/14/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-13-06  


Section I--Violation Data

1. Date Mo Da Yr 06/12/2006	2. Time (24 Hr. Clock) 1415	3. Citation/ Order Number 7256458
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The scoop travel way, between the track entry and the return stopping line, beginning two crosscuts outby the power centers location and extending outby for about 100 feet had large loose ribs that had pulled away from the installed rib bolts. The return stopping was partially crushed and the one installed crib on the corner of the coal pillar was pushed out and shifted from the original installation.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.202(a)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/12/2006	B. Time (24 Hr. Clock) 1800
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-20-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/12/2006	3. Citation/ Order Number 7256458 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

This area has been abandoned and all equipment has been removed and the area is under a 107 A order, .

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 06/20/2006	13. Time (24 Hr. Clock) 1602

Section I--Violation Data

1. Date Mo Da Yr 06/13/2006	2. Time (24 Hr. Clock) 1040	3. Citation/ Order Number 7256459
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor) <input type="checkbox"/>
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

An imminent danger exists on the 015-0 and 030-0, head gate 18 sections in that the ribs are badly broken and in danger of falling at numerous locations beginning at the end of the track and extending inby to the faces of all 6 entries, a distance of about 700 feet. There is evidence of new stress cracks in the roof at multiple locations and some of the newly installed timbers that were installed on 06-12-06 are broken and many show signs of extreme pressures. Additional large ribs have fallen and have left exposed overhanging unsupported brows that have not fallen and are present across both sections. The sections roof was making bumping noises and the roof could be heard breaking above. Cutters in the roof were present along the ribs and in the center of the entries at several locations. Several roof control citations have been issued on 06-05-2006 and on 06-12-2006,

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>	
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>		
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected:			
11. Negligence (check one)	A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action	107(a)	13. Type of Issuance (check one)		Citation <input type="checkbox"/>	Order <input checked="" type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action	A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>	E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment	The entire 015-0 and 030-0 head gate 18 sections from the end of the track inby.					

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4111118	21. Primary or Mill
22. Signature			23. AR Number 23591

MSHA Form 7000-3a Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-13-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input type="checkbox"/>	1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) 06/13/2006 Mo Da Yr	3. Citation/ Order Number 7256459
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

Continuation of 8. Condition or Practice

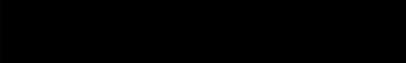
prior to the issuance of this order and a 104 D-1 order was issued on 06-05-2006 for inadequate examinations. Mine management has bolted the ribs with a mixture of 4 foot resin bolts, 6 foot torque tension bolts and 8 foot cable bolts in an effort to control the ribs without success. The bottom of the floor in the no 5 and no 2 entries is hooved up and broken due to the vertical stresses and the return stopping was partially crushed on 06-12-2006. The twelve men that work and travel on these sections were exposed to hazards related to falls from the roof and ribs. This is a withdraw order to prevent any exposure to men working on these sections and only those persons necessary to correct these conditions are permitted in this area. Several 104-D1 orders will be issued in conjunction with this order.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118	11. Signature 	12. Date Mo Da Yr 06/13/2006	13. Time (24 Hr. Clock) 1040
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Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/13/2006	3. Citation/ Order Number 7256459 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

This area has been abandoned and all equipment has been removed.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature [Redacted]	11. R Number 3591	12. Date Mo Da Yr 08/09/2006	13. Time (24 Hr. Clock) 1418

U. S. Department of Labor

Mine Safety and Health Administration  
100 Bluestone Road  
Mount Hope, WV 25880-1000



June 19, 2006

Mr. Craig Boggs  
President  
Performance Coal Company  
POB 69  
Naoma, WV 25140

Dear Mr. Boggs:

In accordance with Part 100, Title 30, a review of the following Citation(s)/Order(s) issued at Upper Big Branch Mine - South, ID No. 46-08436, Performance Coal Company, is being made to determine whether the regular assessment formula should be waived and a special assessment proposed.

<u>CITATION/ORDER NO.</u>	<u>DATE ISSUED</u>
7256461	06/13/06
7256462	06/13/06
7256463	06/14/06
7256464	06/14/06

You have the right to request a safety and health conference regarding this action. To exercise this right, you must submit your request for a conference to this office within 10 calendar days of the date of receipt of this letter. If you do not wish to conference this action, a response is not required.

Sincerely,

A handwritten signature in cursive script, reading "Lincoln L. Selfe, Jr.", is positioned below the "Sincerely," text.

Lincoln L. Selfe, Jr.  
Assistant District Manager  
Coal Mine Safety & Health, District 4

cc: Files/pab

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Chwell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>46-08436</i> <i>Mr. Craig Boggs, Pres.</i> <i>Performance Coal Co.</i> <i>POB 69</i> <i>Naama, WV 25140</i>  <i>E01-411118 (7256461-464) PATB</i>  2. Article Number <i>(Transfer from service label)</i>	B. Received by (Printed Name) <i>Chwell</i>	C. Date of Delivery <i>6-20-06</i>
7002 3150 0005 2902-6972	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-02-M-1540	102595-02-M-1540	

7002 3150 0005 2902 6972

U.S. Postal Service <sup>TM</sup> <b>CERTIFIED MAIL<sup>TM</sup> RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
<b>OFFICIAL USE</b>		
Postage	\$ <i>8436</i>	
Certified Fee	<i>411118-E01</i>	Postmark Here
Return Receipt Fee (Endorsement Required)	<i>7256461-464</i>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	<i>6/19/06</i>
Sent To <i>Craig Boggs, Pres - Performance</i> Street, Apt. No., or PO Box No. <i>POB 69</i> City, State, ZIP+4 <i>Naama, WV 25140</i>		
PS Form 3800, June 2002 See Reverse for Instructions		

**U. S. Department of Labor**

Mine Safety and Health Administration  
100 Bluestone Road  
Mount Hope, WV 25880-1000



JUL 31 2006

Mr. Mike Vaught  
Performance Coal Company  
ID No. 46-08436  
P O Box 69  
Naoma, West Virginia 25140

Dear Mr. Vaught:

This is to advise you that your requests dated June 26, 28 & 29, 2006 for a Health and Safety Conference on Violation Nos. 7256467, 7256466, 7256471, 7256472 and 7256456 will not be granted.

In communications with the Office of the Solicitor, Massey Energy's counsel has indicated its intentions to file notices of contest on all significant and substantial (S&S) citations and all orders. The above violations are S&S and will have been contested with the Review Commission.

If you have any questions regarding this matter, please call me at (304) 877-3900.

Sincerely,

A handwritten signature in cursive script that reads "Richard Dana Hosch".

Dana Hosch  
Conference Officer  
Coal Mine Safety and Health, District 4

cc: Mr. Dana Hosch, Conference Officer  
Files



# **PERFORMANCE SAFETY DEPARTMENT**

---

**DATE:** 06/26/06

**TO:** Lincoln Self  
**FROM:** Mike Vaught

**RE:** Request for Conference

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*I respectfully request to conference the following violation/violations.*

*Citation # 7256467*

*OPERATION:* Upper Big Branch Mine

*ID#:* 46-08436

**INSPECTOR:** [REDACTED] *AR# 23591*

*Brief description for reason of requested conference:*

*Validity*

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*Gravity*

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**RECEIVED**

JUN 27 2006

MSHA CLR  
DISTRICT 4

6-22-06

*C:\Documents and Settings\gpoe\Desktop\GPFfiles\CitationConferenceRequest\UBB-Citation(7235580)(Issued2-7-05)(Sent2-17-05).doc*

# Performance Coal Safety

P. O. Box 69 Naoma WV 25140

Phone: 304-854-1762

Fax: 304-854-3530

## Fax

<i>To: Lincoln Self</i>	<i>From: Mike Vaught</i>
<i>Fax: 877-3927</i>	<i>Pages: 02</i>
<i>Phone: 877-3900</i>	<i>Date: 06/26/06</i>
<i>Re: Conference Request</i>	<i>CC:</i>

**Comments:**



# PERFORMANCE SAFETY DEPARTMENT

**DATE:** 6/26/05

**TO:** Lincoln Self

**FROM:** Mike Vaught

**RE:** Request for Conference

*I respectfully request to conference the following violation/violations.*

Citation #	Date
7256466	6/14/06
dup. — 7256467 6-227	6/20/06

**OPERATION:** Upper Big Branch Mine

**ID#:** 46-08436

**INSPECTOR:** [REDACTED] 23591

*Brief description for reason of requested conference:*

*Validity and or Gravity*

6-228

**RECEIVED**

JUN 28 2006



# **PERFORMANCE SAFETY DEPARTMENT**

---

**DATE:** 06/28/06

**TO:** Lincoln Self  
**FROM:** Mike Vaught

**RE:** Request for Conference

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*I respectfully request to conference the following violation/violations.*

Citation # 7256472  
7256471

**OPERATION:** Upper Big Branch Mine

**ID#:** 46-08436

**INSPECTOR:** [REDACTED] AR# 23591

*Brief description for reason of requested conference:*

*Validity*

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*Gravity*

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6-229

**RECEIVED**

JUN 28 2006

MSHA CLR  
DISTRICT 4

*C:\Documents and Settings\gpoel\Desktop\GPF\Iss\CitationConferenceRequest\UBB-Citation(7235580)(Issued2-7-05)(Sent2-17-05).doc*

Mine Citation/Order

U.S. Department of Labor  
Mine Safety and Health Administration



Section I - Violation Data

1. Date Mo Da Yr 06/28/2006	2. Time (24 Hr. Clock) 1115	3. Citation/ Order Number 7256472
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		9. Written Notice (108g) <input type="checkbox"/>

The Fairchild scoop # T339-230 used on the 009-0 section had loose oil soaked oil in the operator's deck and trash around the electrical motors.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II - Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No

D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 06/29/2006 B. Time (24 Hr. Clock) 0800

Section III - Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV - Automated System Data

19. Type of Inspection (activity code) B01 20. Event Number 4111118 21. Primary or Mill

22. Signature [Redacted] 23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20410. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

U.S. Department of Labor  
Mine Safety and Health Administration



Section I - Violation Date

1. Date Mo Da Yr 06/28/2006	2. Time (24 Hr. Clock) 1055	3. Citation/ Order Number 7256471
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The Fairchild scoop, #T339-184, used on the 009-0 section had flammable hydraulic oil on the electrical control box and inside the operator's compartment and loose coal and trash in the operator's compartment.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
--------------	---	-------------------	---

Section II - Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>		Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>			B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>
D. Written Notice <input type="checkbox"/>					

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/29/2006	B. Time (24 Hr. Clock) 0800
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Section III - Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV - Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, MSH 85 (rev. 8/97) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman of Small Business Administration, Office of the National Ombudsman, 405 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

# Performance Coal Safety

*P. O. Box 69 Naoma WV 25140*

*Phone: 304-854-1762*

*Fax: 304-854-3530*

## Fax

<i>To: Lincoln Self</i>	<i>From: Mike Vaught</i>
<i>Fax: 877-3927</i>	<i>Pages: 02</i>
<i>Phone: 877-3900</i>	<i>Date: 06/28/06</i>
<i>Re: Conference Request</i>	<i>CC:</i>

**Comments:**



# PERFORMANCE SAFETY DEPARTMENT

---

**DATE:** 06/29/06

**TO:** Lincoln Self  
**FROM:** Mike Vaught

**RE:** Request for Conference

---

*I respectfully request to conference the following violation/violations.*

*Citation # 7256456*

*OPERATION:* Upper Big Branch Mine

*ID#:* 46-08436

*INSPECTOR:* [REDACTED] *AR# 23591*

*Brief description for reason of requested conference:*

*Validity*

---

*Gravity*

---

---

**RECEIVED**

*6-233*

JUN 29 2006

MSHA CLR  
DISTRICT 4

*C:\Documents and Settings\groe\Desktop\GPFFiles\CitationConferenceRequest\UBB-Citation(7235580)(Issued2-7-05)(Sent2-17-05).doc*

**U. S. Department of Labor**

Mine Safety and Health Administration  
100 Bluestone Road  
Mount Hope, WV 25880-1000



June 27, 2006

Mr. Craig Boggs  
President  
Performance Coal Company  
POB 69  
Naoma, WV 25140

Dear Mr. Boggs:

In accordance with Part 100, Title 30, a review of the following Citation(s)/Order(s) issued at Upper Big Branch Mine - South, ID No. 46-08436, Performance Coal Company, is being made to determine whether the regular assessment formula should be waived and a special assessment proposed.

CITATION/ORDER NO.    DATE ISSUED

7256456

06/05/06

You have the right to request a safety and health conference regarding this action. To exercise this right, you must submit your request for a conference to this office within 10 calendar days of the date of receipt of this letter. If you do not wish to conference this action, a response is not required.

Sincerely,

Lincoln L. Selfe, Jr.  
Assistant District Manager  
Coal Mine Safety & Health, District 4

cc: Files/pab

U.S. Department of Labor  
 Mine Safety and Health Administration



**Section I - Violation Data**

1. Date Mo Da Yr 06/05/2006	2. Time (24 Hr. Clock) 1700	3. Citation/ Order Number 7256456
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The 015-0 and 030-0 section track entry where men travel in and out on two shifts each day was not adequately examined prior to entering in that citation # 7256456 was issued for damaged supplemental roof supports. No record of damaged roof supports of excessive roof weight was recorded in the examination records book. The records were examined from this date back to 05-19-2006 and all entries related to the track entry stated that the track was "ok" or clear.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input type="checkbox"/> Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.360(a)(1)
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**Section II - Inspector's Evaluation**

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(d)(1) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number 7254896 F. Dated Mo Da Yr 06/03/2006

15. Area or Equipment The area inby the track at apad # 20386 for a distance of 200 feet on the 015-0 and 030-0 section.

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

**Section III - Termination Action**

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

**Section IV - Automated System Data**

19. Type of Inspection (activity code) E04 20. Event Number 4111127 21. Primary or Mill

22. Signature [Redacted] 23. AR Number 23591

MSHA Form 7000-3, March 2005 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

# Performance Coal Safety

P. O. Box 69 Naoma WV 25140

Phone: 304-854-1762

Fax: 304-854-3530

## Fax

<b>To: Lincoln Self</b>	<b>From: Mike Vaught</b>
<b>Fax: 877-3927</b>	<b>Pages: 03</b>
<b>Phone: 877-3900</b>	<b>Date: 06/29/06</b>
<b>Re: Conference Request</b>	<b>CC:</b>

**Comments:**

Special Assessment Review Form

U.S. Department of Labor Mine Safety and Health Administration



AUG 14 2006 5/22/07

1. MSHA District Office 4 - Mt. Hope, WV	2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436	4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY	6. Citation/Order Number 7256460	7. Citation/Order Issue Date 6/13/2006

8. Accident Related Violation?  Yes  No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment?  Yes  No B. Health and Safety Conference Held on Special Assessment?  Yes  No

10. Inspector's Recommendation  
Special Assessment?  Yes  No If yes, explain below the serious or aggravating circumstances involved.

See Continuation Sheet

Signature  Date 6-19-06

11. Supervisor's Review  
Special Assessment?  Yes  No  
Comments:

See Continuation Sheet

Signature Regan D. Richmond Date 6-19-06

12. Subdistrict Manager's/Assistant District Manager's Review  
Special Assessment?  Yes  No  
Comments:

See Continuation Sheet

Signature James L. Lutz Date 6-19-06

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)  
Special Assessment?  Yes  No  
Comments:

See Continuation Sheet

Signature \_\_\_\_\_ Date \_\_\_\_\_

AUG 14 2006

RR  
6-13-06  


Section I--Violation Data			
1. Date Mo Da Yr 06/13/2006	2. Time (24 Hr. Clock) 1010	3. Citation/ Order Number 7256460	
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436	(Contractor)
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>

The no 5 entry on the 030-0 section was found to be 21' to 21'3" wide beginning two crosscuts outby the face and extended outby for a distance of 19 feet.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.203(e)
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Section II--Inspector's Evaluation			
10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input checked="" type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>			
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(d)(1)		13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/>	
14. Initial Action A. Citation <input checked="" type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number 7250745	F. Dated Mo Da Yr 03/22/2006

15. Area or Equipment The no 5 entry inby the dumping point.

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action
17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data			
19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill	
22. Signature			23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-13-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/13/2006 Mo Da Yr	3. Citation/ Order Number 7256460 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change From To

8. Condition Or Practice

Reason This order is issued in conjunction with 107 A order # 7256459

Modify 8 condition or practice to add the following

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118	
11. Signature 	12. Date Mo Da Yr 06/13/2006	13. Time (24 Hr. Clock) 1330

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-21-06  


Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/13/2006	3. Citation/ Order Number 7256460 - 02
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II-Justification for Action

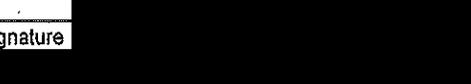
The section equipment has been removed and this area is going to be sealed and still remains under a 107 A order.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 06/20/2006	13. Time (24 Hr. Clock) 1350

Special Assessment Review Form

U.S. Department of Labor Mine Safety and Health Administration



AUG 14 2006

1. MSHA District Office 4 - Mt. Hope, WV	2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436	4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY	6. Citation/Order Number 7256461	7. Citation/Order Issue Date 6/13/2006

8. Accident Related Violation?  Yes  No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment?  Yes  No B. Health and Safety Conference Held on Special Assessment?  Yes  No

10. Inspector's Recommendation

Special Assessment?  Yes  No If yes, explain below the serious or aggravating circumstances involved.

The area was dangerous and management had just left the section and had not stopped mining on this section. The section had made a significant change from the previous 24 hours and the men should have been removed from the dangers.



See Continuation Sheet

Signature: \_\_\_\_\_ Date: 6-19-06

11. Supervisor's Review

Special Assessment?  Yes  No

Comments:

Rogers D. Richmond 6-19-06

Signature Date

See Continuation Sheet

12. Subdistrict Manager's/Assistant District Manager's Review

Special Assessment?  Yes  No

Comments:

James L. [Signature] 6-19-06

Signature Date

See Continuation Sheet

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)

Special Assessment?  Yes  No

Comments:

See Continuation Sheet

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mine Citation/Order

AUG 14 2006

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-12-06  


Section I--Violation Data

1. Date Mo Da Yr 06/13/2006	2. Time (24 Hr. Clock) 1040	3. Citation/ Order Number 7256461
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The face of no 3 entry on the 015-0 section had a loose unsupported rib measuring approximately 10 foot high, 12 foot in length and 10 to 24 inches in thickness, with a 6 inch gap between the loose rib and the coal pillar where the miner operator was positioned.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.202(a)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input checked="" type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input checked="" type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(d)(1)		13. Type of Issuance (check one)			
		Citation <input type="checkbox"/>	Order <input checked="" type="checkbox"/>	Safeguard <input type="checkbox"/>	
14. Initial Action			E. Citation/ Order Number 7250745	F. Dated Mo Da Yr 03/22/2006	
A. Citation <input checked="" type="checkbox"/>			B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	
D. Written Notice <input type="checkbox"/>					
15. Area or Equipment The face of the no 3 entry on the 015-0 section.					

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-13-06  


Section I-Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/13/2006	Mo Da Yr	3. Citation/ Order Number 7256461 - 01
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436	(Contractor)

Section II-Justification for Action

Change	From	To
8. Condition Or Practice		
Reason This order is issued in conjunction with 107 A oder # 7256459		
Modify 8 condition or practice		

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signa [REDACTED]	R Number 3591	12. Date Mo Da Yr 06/13/2006	13. Time (24 Hr. Clock) 1327

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-20-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/13/2006 Mo Da Yr	3. Citation/ Order Number 7256461 - 02
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The section equipment has been removed and this area is going to be sealed and still remains under a 107 A order.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118	
11. Signature Number 591	12. Date Mo Da Yr 06/20/2006	13. Time (24 Hr. Clock) 1351

**Special Assessment  
Review Form**

**U.S. Department of Labor**  
Mine Safety and Health Administration



6/13/2006

1. MSHA District Office 4 - Mt. Hope, WV		2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436		4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY		6. Citation/Order Number 7256462	7. Citation/Order Issue Date 6/13/2006

8. Accident Related Violation?  Yes  No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment?  Yes  No B. Health and Safety Conference Held on Special Assessment?  Yes  No

10. Inspector's Recommendation

Special Assessment?  Yes  No If yes, explain below the serious or aggravating circumstances involved.

The pre shift examinations did not show the hazards that were numerous, obvious and extensive across both sections and were reported as no hazards were observed. ALL pre shift examiners were re-trained on 06-05-2006 in hazard recognition and proper reporting and recording requirements and should have reported these conditions. It is unclear why these hazards are not being reported and corrected. The conditions found were very serious.



See Continuation Sheet      Signature \_\_\_\_\_ Date 6-19-06

11. Supervisor's Review

Special Assessment?  Yes  No

Comments:

Roger D. Richmond      Signature      Date 6-19-06

See Continuation Sheet      Signature \_\_\_\_\_ Date \_\_\_\_\_

12. Subdistrict Manager's/Assistant District Manager's Review

Special Assessment?  Yes  No

Comments:

Arnold Hedge      Signature      Date 6-19-06

See Continuation Sheet      Signature \_\_\_\_\_ Date \_\_\_\_\_

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)

Special Assessment?  Yes  No

Comments:

See Continuation Sheet      Signature \_\_\_\_\_ Date \_\_\_\_\_

Mine Citation/Order

AUG 14 2006

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-13-06  


Section I--Violation Data

1. Date Mo Da Yr 06/13/2006	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 7256462
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The pre shift examination for the 015-0 and 030-0 sections was inadequate in that hazardous conditions that were present on both sections were not reported in the pre shift examiners report. The pre shift report stated that no hazards were observed in no 1,2,5 and 6 entries and no 3 and 4 entries needed rock dusted. Hazards were observed and 104 D-1 orders 7256461, 7256460 and a 107 A order 7256459 were issued on this date and was not noted by the examiner. This 104 D-1 order is issued in conjunction with a 107 A order # 7256459.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.360(f)
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 012

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(d)(1) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/  
Order Number 7250745 F. Dated Mo Da Yr  
03/22/2006

15. Area or Equipment The entire 015-0 and 030-0 section.

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

RR  
6-20-06  


Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/13/2006 Mo Da Yr	3. Citation/ Order Number 7256462 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

All of the examiners and bosses have received re training and are currently properly reporting all hazards and recording all corrective actions.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature 	Number 591	12. Date Mo Da Yr 06/20/2006	13. Time (24 Hr. Clock) 1353

Special Assessment Review Form

JUL 11 2008

U.S. Department of Labor Mine Safety and Health Administration



1. MSHA District Office 4 - Mt. Hope, WV	2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436	4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY	6. Citation/Order Number 7256463	7. Citation/Order Issue Date 6/14/2006

8. Accident Related Violation?  Yes  No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment?  Yes  No B. Health and Safety Conference Held on Special Assessment?  Yes  No

10. Inspector's Recommendation

Special Assessment?  Yes  No If yes, explain below the serious or aggravating circumstances involved.

The belt pre shift records indicated conditions noted for four productions shifts and no corrective actions had been made. The records books had been countersigned by the foreman and it is clear that the operator was aware of the conditions and continued to operate the belt conveyors with no regard to making the needed hazardous corrections to the belts. There was no explanation given as to why the conditions had not been corrected. This is the second time that inadequate pre shift examinations or failure to correct conditions has been noted at this mine operation.

Signature 

Date 6-19-06

See Continuation Sheet

11. Supervisor's Review

Special Assessment?  Yes  No

Comments:

Signature *Roger D. Richard*

Date 6-19-06

See Continuation Sheet

12. Subdistrict Manager's/Assistant District Manager's Review

Special Assessment?  Yes  No

Comments:

Signature *Lincoln L. Lopez*

Date 6-19-06

See Continuation Sheet

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)

Special Assessment?  Yes  No

Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_

See Continuation Sheet

JUL 11 2006

RA  
6-15-06  


Section I--Violation Data

1. Date Mo Da Yr 06/14/2006	2. Time (24 Hr. Clock) 1050	3. Citation/ Order Number 7256463
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The no 3 belt head and take up unit had a thin layer of coal float dust on the rock dusted surfaces at had three stuck bottom rollers, one that had cut about 1 1/2 inch into the roller, and compacted coal, coal dust and other dusts were present against the rollers and underneath and rubbing the moving belt conveyor in depths from 18 to 30 inches. This had been reported in the belt examination book for the past 4 production shifts and no corrective action had been taken

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input checked="" type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)    A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input checked="" type="checkbox"/>					
12. Type of Action 104(d)(1)		13. Type of Issuance (check one) Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/>			
14. Initial Action A. Citation <input checked="" type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number 7250745		F. Dated Mo Da Yr 03/22/2006
15. Area or Equipment    The no 3 north belt conveyor.					

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action

17. Action to Terminate    The belt head and take up unit was cleaned, the rollers were replaced and the area was rock dusted.

18. Terminated	A. Date Mo Da Yr 06/14/2006	B. Time (24 Hr. Clock) 1530
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4111118	21. Primary or Mill
22. Signature			23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

**Special Assessment  
Review Form**

1111 11 2006

**U.S. Department of Labor  
Mine Safety and Health Administration**



1. MSHA District Office 4 - Mt. Hope, WV		2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436		4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY		6. Citation/Order Number 7256464	7. Citation/Order Issue Date 6/14/2006

8. Accident Related Violation?  Yes  No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment?  Yes  No B. Health and Safety Conference Held on Special Assessment?  Yes  No

10. Inspector's Recommendation

Special Assessment?  Yes  No If yes, explain below the serious or aggravating circumstances involved.

The belt pre shift records indicated conditions noted for four productions shifts and no corrective actions had been made. The records books had been countersigned by the foreman and it is clear that the operator was aware of the conditions and continued to operate the belt conveyors with no regard to making the needed hazardous corrections to the belts. There was no explanation given as to why the conditions had not been corrected. This is the second time that inadequate pre shift examinations or failure to correct conditions has been noted at this mine operation.



See Continuation Sheet      Signature \_\_\_\_\_ Date 6-19-06

11. Supervisor's Review

Special Assessment?  Yes  No

Comments:

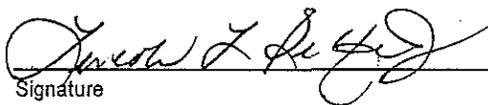


See Continuation Sheet      Signature \_\_\_\_\_ Date 6-19-06

12. Subdistrict Manager's/Assistant District Manager's Review

Special Assessment?  Yes  No

Comments:



See Continuation Sheet      Signature \_\_\_\_\_ Date 6-19-06

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)

Special Assessment?  Yes  No

Comments:

See Continuation Sheet      Signature \_\_\_\_\_ Date \_\_\_\_\_

Mine Citation/Order

JUL 11 2006

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-15-06  


Section I--Violation Data

1. Date Mo Da Yr 06/14/2006	2. Time (24 Hr. Clock) 1050	3. Citation/ Order Number 7256464
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The tail of the no 2 north belt conveyor had a thin layer of coal float dust on the rock dusted surfaces from the belt tail outby for a distance of about 75 feet and had two top stuck rollers and two stuck bottom rollers that had compacted coal, coal dusts and other dusts that were in depths up to 20 inches against the rollers and the moving belt conveyor

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(d)(1) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/  
Order Number 7250745 F. Dated Mo Da Yr  
03/22/2006

15. Area or Equipment The entire no 2 belt conveyor

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section III--Termination Action

17. Action to Terminate The damaged rollers were replaced , the accumulations were removed and the area was rock dusted.

18. Terminated	A. Date MoDa Yr 06/14/2006	B. Time (24 Hr. Clock) 1530
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

7/6/06

RR  
6-15-06



Section I--Violation Data

1. Date Mo Da Yr 06/14/2006	2. Time (24 Hr. Clock) 1230	3. Citation/ Order Number 7256465
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The tail of the no 7 belt conveyor had loose coal and coal dust that was permitted to accumulate in depths up to 16 inches against the moving tail roller.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>		Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/14/2006	B. Time (24 Hr. Clock) 1330
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Section III--Termination Action

17. Action to Terminate The coal at the tail roller was removed.

18. Terminated	A. Date Mo Da Yr 06/14/2006	B. Time (24 Hr. Clock) 1330
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Section I -- Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/>	1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue)	Mo 0	Da 6	Yr 14	3. Citation/ Order Number	7	2	5	6	4	6	5	-	0	1		
4. Served To By Certified Mail <b>Greg Fernet</b>		5. Operator <b>Performance Coal Company</b>																
6. Mine <b>Upper Big Branch Mine - South</b>		7. Mine ID 4 6 - 0 8 4 3 6 - (contractor)																

Section II -- Justification for Action

Based on ALJ Decision for case no. WEVA 2006-888,  
this citation is hereby modified as follows:

Item No. 10A shall read "Unlikely"  
Item No. 10C shall read "No"

See Continuation Form

Section III -- Subsequent Action Taken

8. Extended To	Mo	Da	Yr	B. Time(24HrClock)	C. Vacated <input type="checkbox"/>	D. Terminated <input type="checkbox"/>	E. Modified <input checked="" type="checkbox"/>
A. Date							

Section IV -- Inspection Data

9. Type of Inspection	T	0	2	10. Event Number														
11. Signature <i>Richard Dana Kosch</i>	AR Number			12. Date	Mo	Da	Yr	13. Time(24 Hr.Clock)										
	2 0 7 3 0				0	1	2	6 0 7 0 8 4 5										

7004 1350 0002 5907 8137

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City, St: NAOMA WV 25140

PS Form 3800, June 2002 See Reverse for Instructions

8/14/06

211  
6-15-06  


Section I--Violation Data

1. Date Mo Da Yr 06/14/2006	2. Time (24 Hr. Clock) 1245	3. Citation/ Order Number 7256466
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The approved methane and dust control plan was not complied with in the no 5 entry for the 009-0 section where roof bolts were being installed. There was no measurable air reaching the end of the line curtain in that an approved and calibrated anemometer would not turn when the air reading was attempted. The approved plan states that a minimum of 3000 cfm of air will be maintained where roof bolts are being installed.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.370(a)(1)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input checked="" type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input checked="" type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 002		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input checked="" type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/14/2006	B. Time (24 Hr. Clock) 1300
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Section III--Termination Action

17. Action to Terminate Adjustments were made to the ventilation controls and 3,491 cfm of air was delivered to the end of the line curtain where the roof bolter was operating.

18. Terminated	A. Date Mo Da Yr 06/14/2006	B. Time (24 Hr. Clock) 1255
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Special Assessment Review Form

June 27 2006

U.S. Department of Labor Mine Safety and Health Administration



1. MSHA District Office 4 - Mt. Hope, WV		2. Field Office 0401 - Mt. Hope, WV	
3. Mine ID/Contractor ID 46-08436		4. Mine Name UPPER BIG BRANCH MINE-SOUTH	
5. Operator Name PERFORMANCE COAL COMPANY		6. Citation/Order Number 7256467	7. Citation/Order Issue Date 6/20/2006

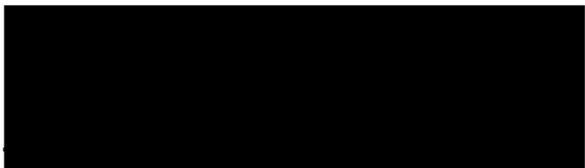
8. Accident Related Violation?  Yes  No If yes, all violations must be submitted together with any accident report or memorandum.

9. A. Operator Notified of Special Assessment?  Yes  No B. Health and Safety Conference Held on Special Assessment?  Yes  No

10. Inspector's Recommendation

Special Assessment?  Yes  No If yes, explain below the serious or aggravating circumstances involved.

These reports were not properly made and did not include any corrective actions for 20 production shifts. A 104 D-1 order was issued when traveled to these areas that were cited in this violation. The conditions were reported and were not corrected.



6-27-06  
Date

See Continuation Sheet

11. Supervisor's Review

Special Assessment?  Yes  No

Comments:

Roger D. Richmond  
Signature

6-27-06  
Date

See Continuation Sheet

for 12. Subdistrict Manager's/Assistant District Manager's Review

Special Assessment?  Yes  No

Comments:

Ray T. Scudde  
Signature

6-28-06  
Date

See Continuation Sheet

13. District Manager's Review (Mandatory for Metal/Nonmetal, Optional for Coal)

Special Assessment?  Yes  No

Comments:

See Continuation Sheet

Signature

Date

AUG 14 2006

Section I--Violation Data

1. Date Mo Da Yr 06/20/2006	2. Time (24 Hr. Clock) 1400	3. Citation/ Order Number 7256467
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The hazards that were reported in the belt examiners books from 06-03-2006 through 06-13-2006 for the no. 2 and no. 3 belt conveyors indicated needed cleaning and rock dusted and several times stated that areas had rollers running in gob and several times where bad rollers or stuck rollers were reported and no corrected actions were noted. Only twice were any mention of corrective actions for the hazards that were reported. Corrective actions mostly stated the word "reported".

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.363(b)
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>
	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>	
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>
	Fatal <input type="checkbox"/>		
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001
11. Negligence (check one)			
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input type="checkbox"/>	D. High <input checked="" type="checkbox"/>
	E. Reckless Disregard <input type="checkbox"/>		
12. Type of Action	104(d)(1)	13. Type of Issuance (check one)	Citation <input type="checkbox"/>
			Order <input checked="" type="checkbox"/>
			Safeguard <input type="checkbox"/>
14. Initial Action	E. Citation/ Order Number		F. Dated
A. Citation <input checked="" type="checkbox"/>	B. Order <input type="checkbox"/>	7250745	Mo Da Yr 03/22/2006
15. Area or Equipment Records books.			

16. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate The books from 06-14-2006 show that corrective actions are being reported.

18. Terminated	A. Date Mo Da Yr 06/20/2006	B. Time (24 Hr. Clock) 1415
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number 4111118	21. Primary or Mill
22. Signature			23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

7/11/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-22-06  


Section I--Violation Data

1. Date Mo Da Yr 06/21/2006	2. Time (24 Hr. Clock) 1100	3. Citation/ Order Number 7256468
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The regulators installed in the intake at crosscut # 117, providing ventilation to the old head gate 11 section and at crosscut # 81, providing ventilation for the old head gate 15 section were not permanently installed to meet the ASTM E119-468 standards in that they were built with timbers and brattice materials.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.333(e)(1)(ii)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 008		
11. Negligence (check one)					
A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/>			
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 06/23/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-26-06  


Section I-Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) 06/21/2006	Mo Da Yr	3. Citation/ Order Number 7256468 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)	

Section II-Justification for Action

Both regulators are now permanently constructed with blocks.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118	
11. Signature [Redacted]	12. Date Mo Da Yr 06/26/2006	13. Time (24 Hr. Clock) 1000

Mine Citation/Order

8/14/06

U.S. Department of Labor  
Mine Safety and Health Administration

Section I--Violation Data

1. Date Mo Da Yr 06/26/2006	2. Time (24 Hr. Clock) 1150	3. Citation/ Order Number 7256469
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The point feed regulator provided at the no. 7 belt head location for air entering the belt entry and traveling to and used on the 009-0 section had a switch in the intake escape way entry that would not work the regulator when tested. This condition would require a person to enter the crosscut to close the regulator in the event of an emergency.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.350(d)(3)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or Illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/27/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-27-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>		2. Dated (Original Issue) Mo Da Yr 06/26/2006			3. Citation/ Order Number 7256469 - 01	
4. Served To Wendel Wills, Mine Foreman				5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH				7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

The regulator is now in working order.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date	Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01		10. Event Number 4111118				
11. Signature		IR Number 3591	12. Date Mo Da Yr 06/27/2006		13. Time (24 Hr. Clock) 0830	

8/14/06

RR  
6-27-06

Section I--Violation Data

1. Date Mo Da Yr 06/27/2006	2. Time (24 Hr. Clock) 1330	3. Citation/ Order Number 7256470
4. Served To Wendel Wills, Mine Foreman		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The 1200 wall map was not kept up to date in that the area near the Glory Hole did not show a row of stopping that were about 15 in number that redirected the intake air and created a second return entry.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input checked="" type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1202
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood  Unlikely  Reasonably Likely  Highly Likely  Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays  Lost Workdays Or Restricted Duty  Permanently Disabling  Fatal

C. Significant and Substantial: Yes  No  D. Number of Persons Affected: 001

11. Negligence (check one) A. None  B. Low  C. Moderate  D. High  E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation  Order  Safeguard

14. Initial Action A. Citation  B. Order  C. Safeguard  D. Written Notice  E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/28/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) B01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 00 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-28-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>		2. Dated (Original Issue) Mo Da Yr 06/27/2006			3. Citation/ Order Number 7256470 - 01	
4. Served To Wendel Wills, Mine Foreman				5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH				7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

The map has been brought up to date and management has began a program to insure that the map is up dated each day.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection	E01	10. Event Number	4111118
11. Signature		Number	591
12. Date	Mo Da Yr	13. Time (24 Hr. Clock)	06/28/2006 1255

Mine Citation/Order

8/14/06

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
6-28-06



Section I--Violation Data

1. Date Mo Da Yr 06/28/2006	2. Time (24 Hr. Clock) 1055	3. Citation/ Order Number 7256471
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The Fairchild scoop, #T339-184, used on the 009-0 section had flammable hydraulic oil on the electrical control box and inside the operator's compartment and loose coal and trash in the operator's compartment.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>	
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 06/29/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated		
A. Date Mo Da Yr	B. Time (24 Hr. Clock)	

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23591

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

*7/17/06*



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/28/2006	3. Citation/ Order Number 7256471 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The scoop has been cleaned.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature [Redacted]	AR Number 23591	12. Date Mo Da Yr 07/17/2006	13. Time (24 Hr. Clock) 1246

Mine Citation/Order

8/14/06

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Violation Data

1. Date Mo Da Yr 06/28/2006	2. Time (24 Hr. Clock) 1115	3. Citation/ Order Number 7256472
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The Fairchild scoop # T339-230 used on the 009-0 section had loose oil soaked oil in the operator's deck and trash around the electrical motors.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.400
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Reasonably Likely <input checked="" type="checkbox"/>
	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>	
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/>	Permanently Disabling <input type="checkbox"/>
	Fatal <input type="checkbox"/>		
C. Significant and Substantial:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	D. Number of Persons Affected: 001
11. Negligence (check one)			
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>
E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)	13. Type of issuance (check one)		
	Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action		E. Citation/ Order Number	F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>
15. Area or Equipment			

16. Termination Due	A. Date Mo Da Yr 06/29/2006	B. Time (24 Hr. Clock) 0800
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature	23. AR Number 23591	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have,

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

*JMM*  
*7/19/06*



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/28/2006	3. Citation/ Order Number 7256472 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The scoop has been cleaned.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection FOI	10. Event Number 411132	
11. Signature [Redacted]	12. Date Mo Da Yr 07/17/2006	13. Time (24 Hr. Clock) 1247

Mine Citation/Order

8/14/06

U.S. Department of Labor  
Mine Safety and Health Administration

8/14  
6-28-06  


Section I--Violation Data

1. Date Mo Da Yr 06/28/2006	2. Time (24 Hr. Clock) 0940	3. Citation/ Order Number 7256775
4. Served To Terry Claypool, Chief.		5. Operator PERFORMANCE COAL COMPANY
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The fire suppression device provided for the Joy model 12 CM 12 continuous mining machine, ser. No. JM4677, being operated on the 009 section would not function independently from the power of the trailing cable.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1107-4(c)
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input checked="" type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>	B. Order <input type="checkbox"/>	C. Safeguard <input type="checkbox"/>	D. Written Notice <input type="checkbox"/>		

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 06/28/2006	B. Time (24 Hr. Clock) 1300
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23583

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

7/11/06  
7/19/06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/26/2006 Mo Da Yr	3. Citation/ Order Number 7256775 - 01
4. Served To Benny Presley, Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The back up fire suppression is now operational.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 07/17/2006	13. Time (24 Hr. Clock) 1000

8/14/06

Section I--Violation Data

1. Date Mo Da Yr 06/28/2006	2. Time (24 Hr. Clock) 1045	3. Citation/ Order Number 7256776
4. Served To Terry Claypool, Chief.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The 480 volt trailing cable provided for the Joy model 10 SC shuttle car, ser. No. ET17017, being operated on the 009 section contained a damaged place where the outer jacket had been taped and the tape had pulled away from the cable for approx. 2 inches. No inner power cables were showing.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.517
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Section II--Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is):	No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:	No Lost Workdays <input type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input checked="" type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	D. Number of Persons Affected: 001		
11. Negligence (check one)					
A. None <input type="checkbox"/>	B. Low <input type="checkbox"/>	C. Moderate <input checked="" type="checkbox"/>	D. High <input type="checkbox"/>	E. Reckless Disregard <input type="checkbox"/>	
12. Type of Action 104(a)		13. Type of Issuance (check one)			
		Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/> Safeguard <input type="checkbox"/>	
14. Initial Action			E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>					
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr 06/28/2006	B. Time (24 Hr. Clock) 1100
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Section III--Termination Action

17. Action to Terminate The cable was repaired.

18. Terminated	A. Date Mo Da Yr 06/28/2006	B. Time (24 Hr. Clock) 1100
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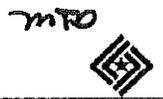
Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number 4111118	21. Primary or Mill
22. Signature		23. AR Number 23583

MSHA Form 7000-1 (Rev. 05-2004) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/03/2006	Mo Da Yr	3. Citation/ Order Number 7168155 - 02
4. Served To Jack Roles, Longwall Coordinator		5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH		7. Mine ID 46-08436 (Contractor)	

Section II--Justification for Action

The airflow along the No. 16 Headgate Longwall is now flowing in the proper direction, from the belt drive towards the tail.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signat	AR Number 24024	12. Date Mo Da Yr 04/19/2006	13. Time (24 Hr. Clock) 1225

5-27-06

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 05/09/2006	3. Citation/ Order Number 7243937 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Both areas have had additional rock dust applied.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection FOI	10. Event Number 4111118		
11. Signature [Redacted]	IR Number 3591	12. Date Mo Da Yr 05/23/2006	13. Time (24 Hr. Clock) 1100



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/14/2006 Mo Da Yr	3. Citation/ Order Number 7251661 - 01
4. Served To Jack Roles, Longwall Coordinator	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
15. Area or Equipment		
Reason		

Changes and adjustments to the current Ventilation Plan was submitted to MSHA and approved. This 104 (b) Order is hereby being modified to allow production to resume so as to evaluate the ventilation changes and the effects of the respirable dust parameters.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signat	AR Number 24024	12. Date Mo Da Yr 04/19/2006	13. Time (24 Hr. Clock) 1715



Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

117  
5-12-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>		2. Dated (Original Issue) Mo Da Yr 04/14/2006		3. Citation/ Order Number 7251661 - 03	
4. Served To Wendell Wills, Supt.			5. Operator PERFORMANCE COAL COMPANY		
6. Mine UPPER BIG BRANCH MINE-SOUTH			7. Mine ID 46-08436		(Contractor)

Section II--Justification for Action

Change	From	To
8. Condition Or Practice		
Reason		

An addendum to the current Ventilation, Methane, Dust Control Plan parameters was submitted to MSHA and approved. This 104 (b) Order is hereby being modified to allow production to resume so as to evaluate the effects of ventilation and respirable dust parameters.

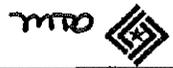
See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature	AR Number 24024	12. Date Mo Da Yr 05/10/2006	13. Time (24 Hr. Clock) 1421



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/14/2006 Mo Da Yr	3. Citation/ Order Number 7251662 - 01
4. Served To Jack Roles, Longwall Coordinator	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
15. Area or Equipment		
Reason		

Changes and adjustments to the current Ventilation Plan was submitted to MSHA and approved. This 104 (b )Order is hereby being modified to allow production to resume, so as to evaluate the ventilation change and the effects of the respirable dust parameters.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signa [REDACTED]	AR Number 24024	12. Date Mo Da Yr 04/19/2006	13. Time (24 Hr. Clock) 1720

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

5-12-06  
MWD



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/14/2006	3. Citation/ Order Number 7251662 - 02
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Based on the results of an MSHA respirable dust survey conducted on 05/02/2006 the Designated Area (DA) 831-0 is now in compliance.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 24024	12. Date Mo Da Yr 05/08/2006	13. Time (24 Hr. Clock) 1530

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 04/14/2006 Mo Da Yr	3. Citation/ Order Number 7251661 - 04
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4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY
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6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436 (Contractor)
--	--

Section II—Justification for Action

<b>Change</b>	<b>From</b>	<b>To</b>
8. Condition Or Practice		
<b>Reason</b>		

Based on an MSHA survey on 05/15/2006 of the Longwall 031-0 MMU Section, the respirable dust concentration of the designated occupation (DO) is 2.212 mg/m3 which exceeds the 1.7 mg/m3 standard, therefore this 104 (b) Order is hereby being reinstated back to the original issuance.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV—Inspection Data

9. Type of Inspection E01	10. Event Number 4111118
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11. Sign	AR Number 24024	12. Date Mo Da Yr 05/17/2006	13. Time (24 Hr. Clock) 1515
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Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/14/2006	3. Citation/ Order Number 7251661 - 05
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

<b>Change</b>	<b>From</b>	<b>To</b>
8. Condition Or Practice		
Reason		

Changes and adjustments to the current Ventilation Plan was submitted to MSHA and approved. This 104 (b) order is hereby being modified to allow production to resume so as to evaluate the ventilation changes and the effects of the added respirable dust parameters.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 24024	12. Date Mo Da Yr 05/18/2006	13. Time (24 Hr. Clock) 1810

AP for MSA



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 04/14/2006	3. Citation/ Order Number 7251661 - 05
4. Served To Wendell Wills, Supt.	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

Change	From	To
8. Condition Or Practice		
Reason		

Changes and adjustments to the current Ventilation Plan was submitted to MSHA and approved. This 104 (b) order is hereby being modified to allow production to resume so as to evaluate the ventilation changes and the effects of the added respirable dust parameters.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input type="checkbox"/> D. Terminated	<input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature [Redacted]	AR Number 24024	12. Date Mo Da Yr 05/18/2006	13. Time (24 Hr. Clock) 1810

6-13-06

Mine Citation/Order Continuation

U.S. Department of Labor Mine Safety and Health Administration



Section I-Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/05/2006	3. Citation/Order Number 7256455 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II-Justification for Action

Props were installed, cribs were installed and twin sets of mine timbers were all installed in this area.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV-Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature	AR Number 23591	12. Date Mo Da Yr 06/12/2006	13. Time (24 Hr. Clock) 1000

Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RL  
6-13-06  


Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr 06/05/2006	3. Citation/ Order Number 7256454 - 01
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The area had cribs installed on both sides of the crosscut between the no 2 and no 3 intake entry .

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111118		
11. Signature 	AR Number 23591	12. Date Mo Da Yr 06/12/2006	13. Time (24 Hr. Clock) 1010

Plan Review



1. MSHA Office 0401 - Mt. Hope, WV 2. Mine ID 46-08436

3. Mine Name UPPER BIG BRANCH MINE-SOUTH 4. Company Name PERFORMANCE COAL COMPANY

Roof Control

Adequate  Deficiencies in Plan (Briefly Describe)

The plan appears to be adequate. This plan was discussed with Wendell Wills, Supt. And Dempsey Pettry, Mine Foreman

Ventilation

Adequate  Deficiencies in Plan (Briefly Describe)

The plan has been discussed by Ventilation Dept. and myself with Wendell Wills and Dempsey Pettry and appears to be adequate.

Inspector Signature

[Redacted Signature]

Date

6-27-06 Roger D. Richmond

Supervisor Signature

7-11-06

Date

RR  
7-11-06

UNITED STATES DEPARTMENT OF LABOR  
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA  
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH  
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436  
Inspector: [REDACTED]

Date(s) Collected: 04/23/2006  
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
M0433	EP #41	0.070	20.91	0.010	0.000	2095	302
M0434	EP 41-A	0.090	20.91	0.010	0.000	19410	2795

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

1111  
4-25-06

UNITED STATES DEPARTMENT OF LABOR  
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA  
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH  
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436  
Inspector: [REDACTED]

Date(s) Collected: 04/23/2006  
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
M0433	EP #41	0.070	20.91	0.010	0.000	2095	302
M0434	EP 41-A	0.090	20.91	0.010	0.000	19410	2795

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

Respirable Dust Sampling and Monitoring Data

U.S. Department of Labor  
Mine Safety and Health Administration



1. Type of Inspection:  Regular  Technical  Monitoring  
 2. Date: 4-10-06  
 3. Field Office Code: 28461

4. Mine I. D.: 46-08436  
 5. Mine Name: Upper Big Branch  
 6. Company Name: Performance Coal Co.

7. MMU/DA/SA: 009-0  
 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: \_\_\_\_\_

9. AR Signature: [Redacted] AR Number: 28643  
 10. Supervisor Signature: Roger D. Richmond

11. Type Mining System:  
 A. Longwall      Cut Sequence       B. Continuous       C. Conventional  
 I. Single Drum       I. Tail-Head       I. Ripper  
 II. Double Drum       ii. Head-Tail       II. Auger  
 III. Plow       III. Both       III. Borer  
 Other (specify) \_\_\_\_\_  
 12. Mining Ht.: 72 in.  
 Inches of Rock Mined: 40"  
 13. Remote Operation of Miner?:  
 Yes  
 No

14. Type of Mining:  
 I. Development  
 II. Retreating  
 15. Physical Conditions:  
 Face Area:  Wet       Damp       Dry  
 Roadways:  Wet       Damp       Dry       Compacted

16. Type of Haulage Equipment:  
 Electric       Battery       Diesel       Other (specify) \_\_\_\_\_

17. Roof Bolter Type:      Number of Bolters: 2  
 I. Twin Head  
 II. Single Head  
 III. Integral  
 A. Ventilation:  
 I. Operates on Separate Split of Air:  Yes       No  
 II. Operates on Return-Side of DO:  Yes       No  
 B. Is Roof Bolter DA Established?  Yes       No  
 C. Type of Dust Control:  I. Wet Head       II. Dust Collector

18. Dust Control Parameters - Ventilation System:  
 A. Method of Face Ventilation:  
 I. Blowing  
 II. Exhausting  
 III. Both  
 B. Face Ventilation Device:  
 I. Curtain  
 II. Tubing  
 III. Both  
 C. Line Curtain/Tubing Distance: \_\_\_\_\_ ft.  
 D. Is Face Area Ventilated with Belt Air?  Yes       No  
 E. If, Yes, Quantity in Belt Entry: \_\_\_\_\_ cfm

F. Air Quantity:      Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm		Velocity (V), fpm		
Location	Observed	Location	Plan	Observed
Headgate		Headgate		
Tailgate		Tailgate		

Continuous/Conventional/Handloading

	Plan	Observed				
Face (Q)	5400/w/o	5985				
MEAV (V)	60					
Scrubber*	6000					

MEAV (V) - for exhausting only      \* - operational cfm only

Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
44 Sprays At various Locations	44	44	75	75

Sprays Located per Plan

Yes  No

Sprays Angled per Plan

Yes  No

1. Auxilliary Controls:

Scrubber Frequency Screen Checked: 2 - Per Shift

Frequency Ductwork Checked: 1 - Per Shift

Fan Spray Sprays Located per Plan:  Yes  No Sprays Angled per Plan:  Yes  No

Work Practices Describe: \_\_\_\_\_

Enclosures Describe: \_\_\_\_\_

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: \_\_\_\_\_

2. Are Approved Respirators Being Worn?:  Yes  No

If Yes, By Whom: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

3. Do Miners Work Downwind of the Longwall Shearer?:  Always  Part of the Shift N/A  Never

4. Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?:  Yes  No

If Yes, specify: \_\_\_\_\_

5. Were Dust Control Parameters Changed During Sampling?:  Yes  No If Yes, specify: \_\_\_\_\_

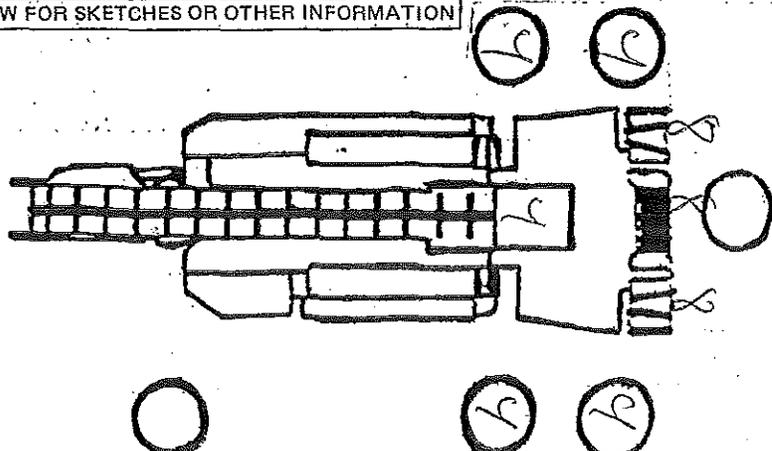
6. Production (tons): At Time of Sampling: 760 tons At Time of Monitoring: \_\_\_\_\_ tons During Last 30 Shifts: \_\_\_\_\_ tons

7. Bi-monthly Sampling Conducted By:  Operator  Contractor Contractor I.D.: \_\_\_\_\_

8. Sampling Equipment: Provided By  Operator  Contractor Calibrated and Maintained By  Operator  Contractor

9. Inspector Recommendations and Comments: \_\_\_\_\_

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Respirable Dust Sampling  
And Monitoring Data

U.S. Department of Labor  
Mine Safety and Health Administration

1. Type of Inspection:  Regular  Technical  Monitoring

2. Date: 06-12-06

3. Field Office Code: 20401

4. Mine ID: 46-08436

5. Mine Name: Upper Big Branch

6. Company Name: Performance Coal Co., Inc.

7. MMU/DA/SA: 030-0

8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: \_\_\_\_\_

9. AR Signature: \_\_\_\_\_

10. Supervisor Signature: Roger D. Richmond

11. Type Mining System:  
 A. Longwall      Cut Sequence       B. Continuous       C. Conventional  
 I. Single Drum       i. Tail-Head       1. Ripper  
 II. Double Drum       ii. Head-Tail       II. Auger      Other (specify)  
 III. Plow       iii. Both       III. Borer

12. Mining Ht: 84 in.  
 Inches of Rock Mined: 35

13. Remote Operation of Miner?  
 Yes  
 No

14. Type of Mining:  
 I. Development  
 II. Retreating

15. Physical Conditions:  
 Face Area       Wet       Damp       Dry  
 Roadways       Wet       Damp       Dry       Compacted

16. Type of Haulage Equipment:  
 Electric       Battery       Diesel       Other (specify) \_\_\_\_\_

17. Roof Bolter Type:  
 I. Twin Head      Number of Bolters: 2  
 II. Single Head      \_\_\_\_\_  
 III. Integral      \_\_\_\_\_

A. Ventilation  
 I. Operates on Separate Split of Air:  Yes       No  
 II. Operates on Return-Side of DO:  Yes       No

B. Is Roof Bolter DA Established?  Yes       No      C. Type of Dust Control       I. Wet Head       II. Dust Collector

18. Dust Control Parameters - Ventilation System:

A. Method of Face Ventilation:  
 I. Blowing  
 II. Exhausting  
 III. Both

B. Face Ventilation Device:  
 I. Curtain  
 II. Tubing  
 III. Both

C. Line Curtain/Tubing Distance: 50 ft.

D. Is Face Area Ventilated with Belt Air?  Yes       No

E. If Yes, Quantity in Belt Entry: \_\_\_\_\_ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm	
Location	Observed
Headgate	
Tailgate	

Velocity (V), fpm		
Location	Plan	Observed
Headgate		
Tailgate		

	Plan	Continuous/Conventional/Handloading		Observed
		Bolter No. 5	Miner No. 6	
Face (Q)	6,000	4,050	7,290	
MEAV (V)	60			
Scrubber*	6,000			

MEAV(V) - for exhausting only

\* -operational cfm only

19. Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI		Sprays Located per Plan Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Plan	Observed	Plan	Observed	
					Sprays Angled per Plan Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

20. Auxiliary Controls

Scrubber Frequency Screen Checked: each shift

Frequency Ductwork Checked: Each Shift

Fan Spray Sprays Located per Plan  Yes  No Sprays Angled per Plan  Yes  No

Work Practices Describe: \_\_\_\_\_

Enclosures Describe: \_\_\_\_\_

Other (Wetting Agents; Wetting face, supports, and roadways, etc.) Describe: \_\_\_\_\_

21. Are Approved Respirators Being Worn?  Yes  No If Yes, By Whom: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_

22. Do Miners Work Downwind of the Longwall Shearer?  Always  Part of the Shift  Never

23. Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?  Yes  No  
If Yes, specify: \_\_\_\_\_

24. Were Dust Control Parameters Changed During Sampling?  Yes  No If Yes, specify: \_\_\_\_\_

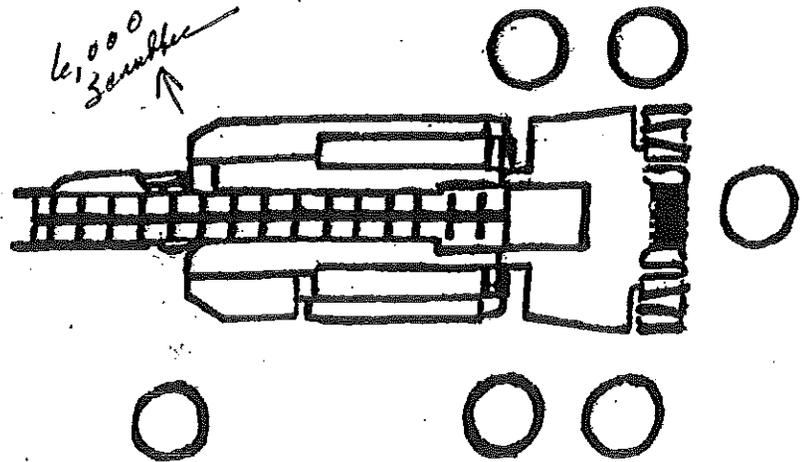
25. Production (tons): At Time of Sampling: 570 tons At Time of Monitoring: \_\_\_\_\_ tons During Last 30 Shifts: 617 tons

26. Bi-monthly Sampling Conducted By:  Operator  Contractor Contractor ID: \_\_\_\_\_

27. Sampling Equipment: Provided By  Operator  Contractor Calibrated and Maintained By  Operator  Contractor

28. Inspector Recommendations and Comments: Plan appears adequate

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Respirable Dust Sampling and Monitoring Data

1st Reading Start of Shift

1645

U.S. Department of Labor  
Mine Safety and Health Administration



1. Type of Inspection:  Regular  Technical  Monitoring 2. Date: May 01, 2006 3. Field Office Code: 26401

4. Mine I. D.: 46-08436 5. Mine Name: Upper Big Branch 6. Company Name: Performance Coal Co

7. MMU/DA/SA: 031-0 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months:

9. AR Signature: [Redacted] AR Number: 20645 10. Supervisor Signature: Roger D. Richmond

11. Mining Method:  A. Longwall  B. Continuous  C. Conventional  
 Cut Sequence:  i. Tail-Head  ii. Head-Tail  iii. Both  
 Other (specify):  
 12. Mining Ht.: 72 in. Inches of Rock Mined: 30  
 13. Remote Operation of Miner?:  Yes  No

14. Type of Mining:  I. Development  II. Retreating  
 15. Physical Conditions:  
 Face Area:  Wet  Damp  Dry  
 Roadways:  Wet  Damp  Dry  Compacted

16. Type of Haulage Equipment:  Electric  Battery  Diesel  Other (specify)

17. Roof Bolter Type:  I. Twin Head  II. Single Head  III. Integral  
 Number of Bolters: \_\_\_\_\_  
 A. Ventilation: I. Operates on Separate Split of Air:  Yes  No  
 II. Operates on Return-Side of DO:  Yes  No  
 B. Is Roof Bolter DA Established?  Yes  No  
 C. Type of Dust Control:  I. Wet Head  II. Dust Collector

18. Dust Control Parameters - Ventilation System:  
 A. Method of Face Ventilation:  I. Blowing  II. Exhausting  III. Both  
 B. Face Ventilation Device:  I. Curtain  II. Tubing  III. Both  
 C. Line Curtain/Tubing Distance: \_\_\_\_\_ ft.  
 D. Is Face Area Ventilated with Belt Air?  Yes  No  
 E. If, Yes, Quantity in Belt Entry: \_\_\_\_\_ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm		Velocity (V), fpm	
Location	Observed	Location	Observed
Headgate	75, 256	Headgate	607
Tailgate		Tailgate	261

Continuous/Conventional/Handloading

	Plan	Observed			
Face (Q)					
MEAV (V)					
Scrubber*					

MEAV (V) - for exhausting only \* - operational cfm only

Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
Various Locations on the Shear and on Shields	114	114	60	

Sprays Located per Plan

Yes  No

Sprays Angled per Plan

Yes  No

i. Auxiliary Controls:

Scrubber Frequency Screen Checked: Located in Crusher at head - 1 per shift  
 Frequency Ductwork Checked: \_\_\_\_\_

Fan Spray Sprays Located per Plan  Yes  No Sprays Angled per Plan  Yes  No

Work Practices Describe: \_\_\_\_\_

Enclosures Describe: \_\_\_\_\_

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: \_\_\_\_\_

Are Approved Respirators Being Worn?  Yes  No If Yes, By Whom: fan crew wear Air Flow helmets  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_

Do Miners Work Downwind of the Longwall Shearer?  Always  Part of the Shift  Never

Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?  Yes  No

If Yes, specify: \_\_\_\_\_

Were Dust Control Parameters Changed During Sampling?  Yes  No If Yes, specify: \_\_\_\_\_

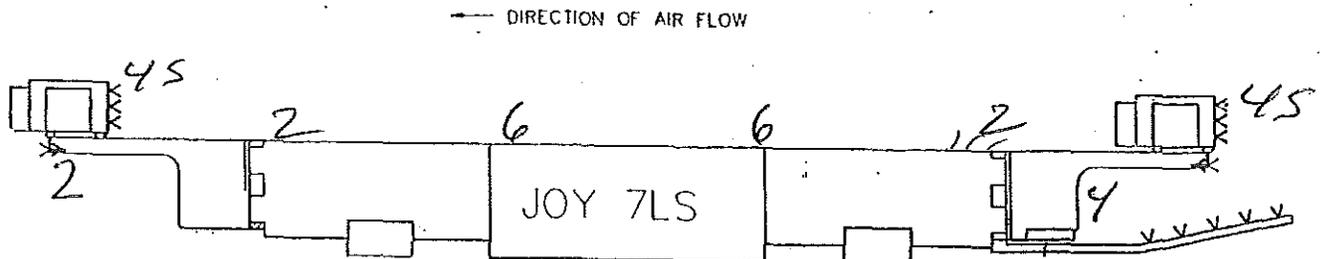
Production (tons): At Time of Sampling: 2800 tons At Time of Monitoring: \_\_\_\_\_ tons During Last 30 Shifts: \_\_\_\_\_ tons

Bi-monthly Sampling Conducted By:  Operator  Contractor Contractor I.D.: \_\_\_\_\_

Sampling Equipment: Provided By  Operator  Contractor Calibrated and Maintained By  Operator  Contractor

Inspector Recommendations and Comments: \_\_\_\_\_

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Respirable Dust Sampling and Monitoring Data

2nd Keasim - middle of shift  
8:00 PM

U.S. Department of Labor  
Mine Safety and Health Administration



1. Type of Inspection:  Regular  Technical  Monitoring 2. Date: May 01, 2006 3. Field Office Code: 20401

4. Mine I. D. : 46-08436 5. Mine Name: Upper Big Branch 6. Company Name: Performance Coal Co

7. MMU/DA/SA: 0310 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: \_\_\_\_\_

9. AR Signature: [Redacted] AR Number: 20643 10. Supervisor Signature: Roger D. Richmond

11. Type Mining System:  
 A. Longwall      Cut Sequence       B. Continuous       C. Conventional  
 I. Single Drum       I. Tail-Head       I. Ripper  
 II. Double Drum       II. Head-Tail       II. Auger  
 III. Plow       III. Both       III. Borer  
 Other (specify) \_\_\_\_\_  
 12. Mining Ht. : 72 in.  
 Inches of Rock Mined: 30  
 13. Remote Operation of Miner?:  
 Yes  
 No

14. Type of Mining      15. Physical Conditions:  
 I. Development      Face Area       Wet       Damp       Dry  
 II. Retreating      Roadways       Wet       Damp       Dry       Compacted

16. Type of Haulage Equipment:  
 Electric       Battery       Diesel       Other (specify) \_\_\_\_\_

17. Roof Bolter Type:      Number of Bolters  
 I. Twin Head      N/A  
 II. Single Head  
 III. Integral  
 B. Is Roof Bolter DA Established?       Yes       No  
 A. Ventilation  
 I. Operates on Separate Split of Air:       Yes MA       No  
 II. Operates on Return-Side of DO:       Yes       No  
 C. Type of Dust Control       I. Wet Head       II. Dust Collector

18. Dust Control Parameters - Ventilation System:  
 A. Method of Face Ventilation:      B. Face Ventilation Device:      C. Line Curtain/Tubing Distance: \_\_\_\_\_ ft.  
 I. Blowing       I. Curtain      D. Is Face Area Ventilated with Belt Air?       Yes       No  
 II. Exhausting       II. Tubing  
 III. Both       III. Both      E. If, Yes, Quantity in Belt Entry: \_\_\_\_\_ cfm

F. Air Quantity:      Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm	
Location	Observed
Headgate	60,000 / 76644
Tailgate	

Velocity (V), fpm		
Location	Plan	Observed
Headgate	# 400	615
Tailgate	# 250	285

Continuous/Conventional/Handloading

	Plan	Observed			
Face (Q)					
MEAV (V)					
Scrubber*					

MEAV (V) - for exhausting only

\* - operational cfm only

3. Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
Various location on the Shear and on the Shields,	114	114	60	

Sprays Located per Plan

Yes  No

Sprays Angled per Plan

Yes  No

4. Auxiliary Controls:

Scrubber Frequency Screen Checked: Located in crusher low shift

Frequency Ductwork Checked: \_\_\_\_\_

Fan Spray Sprays Located per Plan  Yes  No Sprays Angled per Plan  Yes  No

Work Practices Describe: \_\_\_\_\_

Enclosures Describe: \_\_\_\_\_

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: \_\_\_\_\_

Are Approved Respirators Being Worn?  Yes  No

If Yes, By Whom: Crew wears Air flow helmet  
Make: \_\_\_\_\_ Model: \_\_\_\_\_

Do Miners Work Downwind of the Longwall Shearer?:  Always  Part of the Shift  Never

Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?  Yes  No

If Yes, specify: \_\_\_\_\_

Were Dust Control Parameters Changed During Sampling?  Yes  No If Yes, specify: \_\_\_\_\_

Production (tons): At Time of Sampling: 2800 tons At Time of Monitoring: \_\_\_\_\_ tons During Last 30 Shifts: \_\_\_\_\_ tons

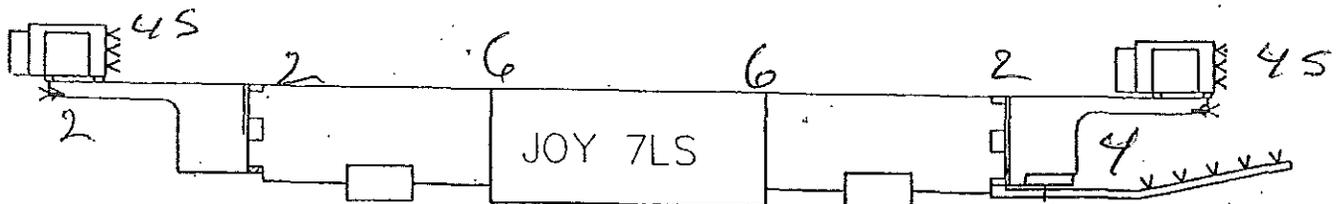
Bi-monthly Sampling Conducted By:  Operator  Contractor Contractor I.D.: \_\_\_\_\_

Sampling Equipment: Provided By  Operator  Contractor Calibrated and Maintained By  Operator  Contractor

Inspector Recommendations and Comments: Longwall Face crew wears the Air flow helmet

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION

← DIRECTION OF AIR FLOW



Respirable Dust Sampling and Monitoring Data

U.S. Department of Labor  
Mine Safety and Health Administration



1. Type of Inspection:  Regular  Technical  Monitoring 2. Date: 05-21-06 3. Field Office Code: 26401

4. Mine I. D. : 46-08436 5. Mine Name: Upper Big Branch 6. Company Name: Performance Coal Co.

7. MMU/DA/SA: 031-0 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: \_\_\_\_\_

AR Number: 26643 10. Supervisor Signature: Roger D. Richmond

A. Longwall  B. Continuous  C. Conventional  
 Cut Sequence:  I. Tail-Head  I. Ripper  II. Auger  III. Borer  
 II. Double Drum  II. Head-Tail  III. Plow  III. Both  
 Other (specify) \_\_\_\_\_  
 12. Mining Ht. : 72 in. Inches of Rock Mined: 30  
 13. Remote Operation of Miner?:  Yes  No

14. Type of Mining:  I. Development  II. Retreating  
 15. Physical Conditions:  
 Face Area:  Wet  Damp  Dry  
 Roadways:  Wet  Damp  Dry  Compacted

16. Type of Haulage Equipment:  
 Electric  Battery  Diesel  Other (specify) \_\_\_\_\_

17. Roof Bolter Type:  I. Twin Head  II. Single Head  III. Integral  
 Number of Bolters: 0 0 0  
 A. Ventilation:  I. Operates on Separate Split of Air:  Yes  No  
 II. Operates on Return-Side of DO:  Yes  No  
 B. Is Roof Bolter DA Established?  Yes  No  
 C. Type of Dust Control:  I. Wet Head  II. Dust Collector

18. Dust Control Parameters - Ventilation System:  
 A. Method of Face Ventilation:  I. Blowing  II. Exhausting  III. Both  
 B. Face Ventilation Device:  I. Curtain  II. Tubing  III. Both  
 C. Line Curtain/Tubing Distance: \_\_\_\_\_ ft.  
 D. Is Face Area Ventilated with Belt Air?  Yes  No  
 E. If, Yes, Quantity in Belt Entry: Total Intake cfm 104,000

F. Air Quantity: Longwall (Between 60 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm		Velocity (V), fpm	
Location	Observed	Location	Observed
Headgate	<u>110/125</u>	Headgate	<u>893</u>
Tailgate		Tailgate	<u>580</u>
			<u>585</u>

Continuous/Conventional/Handloading

	Plan	Observed			
Face (Q)					
MEAV (V)					
Scrubber*					

MEAV (V) - for exhausting only \* - operational cfm only

19. Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
114 Various Locations			60	60
Numerous Sprays Located on the Shearers				

Sprays Located per Plan

Yes  No

Sprays Angled per Plan

Yes  No

20. Auxiliary Controls:

Scrubber Frequency Screen Checked: \_\_\_\_\_  
 Frequency Ductwork Checked: \_\_\_\_\_  
 Fan Spray Sprays Located per Plan  Yes  No Sprays Angled per Plan  Yes  No  
 Work Practices Describe: \_\_\_\_\_  
 Enclosures Describe: \_\_\_\_\_  
 Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: \_\_\_\_\_

21. Are Approved Respirators Being Worn?:  Yes  No If Yes, By Whom: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_

22. Do Miners Work Downwind of the Longwall Shearer?:  Always  Part of the Shift  Never

23. Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?:  Yes  No  
 If Yes, specify: \_\_\_\_\_

24. Were Dust Control Parameters Changed During Sampling?:  Yes  No If Yes, specify: \_\_\_\_\_

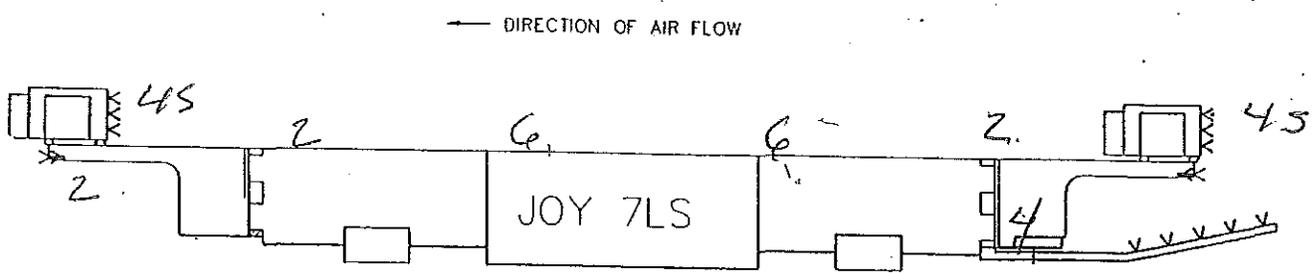
25. Production (tons): At Time of Sampling: \_\_\_\_\_ tons At Time of Monitoring: \_\_\_\_\_ tons During Last 30 Shifts: \_\_\_\_\_ tons

26. Bi-monthly Sampling Conducted By:  Operator  Contractor Contractor I.D.: \_\_\_\_\_

27. Sampling Equipment: Provided By  Operator  Contractor Calibrated and Maintained By  Operator  Contractor

28. Inspector Recommendations and Comments: Survey was not complete. Inspected Bot Suck and had to leave the mine property.

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Mine Citation/Order  
Continuation

U.S. Department of Labor  
Mine Safety and Health Administration

RR  
9-5-06



Section I--Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/>	2. Dated (Original Issue) 06/05/2006 Mo Da Yr	3. Citation/ Order Number 7256453 - 06
4. Served To Wendel Wills, Mine Foreman	5. Operator PERFORMANCE COAL COMPANY	
6. Mine UPPER BIG BRANCH MINE-SOUTH	7. Mine ID 46-08436	(Contractor)

Section II--Justification for Action

The area has been abandoned and moved to the LBB mains and the life line is on the 030-0 section and complete to the North Mains.

See Continuation Form

Section III--Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number 4111132	
11. Signature [Redacted]	12. Date Mo Da Yr 09/05/2006	13. Time (24 Hr. Clock) 1110

Respirable Dust Sampling and Monitoring Data

U.S. Department of Labor  
Mine Safety and Health Administration

*with*

1. Type of Inspection:  Regular  Technical  Monitoring 2. Date: 5-14-86 3. Field Office Code: 28421

4. Mine I. D. #: 46-88436 5. Mine Name: Upper Big Branch - South 6. Company Name: Performance Coal Co. Inc.

7. MMD/DA/SA: 031-0 8. Times Entry/Mine Cited for Excessive Dust Last 12 Months: \_\_\_\_\_

AR Number: 24824 10. Supervisor Signature: M. J. Dickson

11. Type of Mining System:  
 A. Longwall  B. Continuous  C. Conventional  
 Cut Sequence:  I. Tail-Head  II. Head-Tail  III. Both  
 I. Single Drum  II. Double Drum  III. Plow  
 I. Ripper  II. Auger  III. Borer  
 Other (specify) \_\_\_\_\_  
 12. Mining Ht.: \_\_\_\_\_ in  
 Inches of Rock Mined: \_\_\_\_\_  
 13. Remote Operation of Miner?:  Yes  No

14. Type of Mining:  I. Development  II. Retreating  
 15. Physical Conditions:  
 Face Area:  Wet  Damp  Dry  
 Roadways: NIA  Wet  Damp  Dry  Compacted

16. Type of Haulage Equipment:  
 Electric  Battery  Diesel  Other (specify) Belt Conveyors

17. Roof Bolter Type:  I. Twin Head  II. Single Head  III. Integral  
 Number of Bolters: NIA  
 A. Ventilation: I. Operates on Separate Split of Air:  Yes  No  
 II. Operates on Return-Side of DO:  Yes  No  
 B. Is Roof Bolter DA Established?  Yes  No  
 C. Type of Dust Control:  I. Wet Head  II. Dust Collector

18. Dust Control Parameters - Ventilation System:  
 A. Method of Face Ventilation:  I. Blowing  II. Exhausting  III. Both  
 B. Face Ventilation Device:  I. Curtain  II. Tubing  III. Both  
 C. Line Curtain/Tubing Distance: \_\_\_\_\_ ft.  
 D. Is Face Area Ventilated with Belt Air?  Yes  No  
 E. If, Yes, Quantity in Belt Entry: \_\_\_\_\_ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm	
Location	Observed
Headgate	<u>104,000</u>
Tailgate	

Velocity (V), fpm		
Location	Plan	Observed
Headgate	<u>750</u>	<u>805</u>
Tailgate	<u>550</u>	<u>391*</u>

\*Obs. Had 46 Down Due to Low Air on Tail

Continuous/Conventional/Handloading

	Plan	Observed			
Face (Q)					
MEAV (V)					
Scrubber*					

MEAV (V) = \_\_\_\_\_

19. Dust Control Parameters - Water Spray System.

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
	114	128	60	110

Sprays Located per Plan

Yes  No

Sprays Angled per Plan

Yes  No

1. Auxiliary Controls:

Scrubber Frequency Screen Checked: Each Shift  
 Frequency Ductwork Checked: Each Shift

Fan Spray Sprays Located per Plan  Yes  No Sprays Angled per Plan  Yes  No

Work Practices Describe: N/A

Enclosures Describe: \_\_\_\_\_

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: \_\_\_\_\_

Are Approved Respirators Being Worn?  Yes  No  
 If Yes, By Whom: All FaceLine Persons  
 Make: Racal Model: 2

Do Miners Work Downwind of the Longwall Shearer?  Always  Part of the Shift  Never  
NO

Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?  Yes  No  
 If Yes, specify: \_\_\_\_\_

Were Dust Control Parameters Changed During Sampling?  Yes  No If Yes, specify: \_\_\_\_\_

Production (tons): At Time of Sampling: 0 tons At Time of Monitoring: 0 tons During Last 30 Shifts: 1524 tons

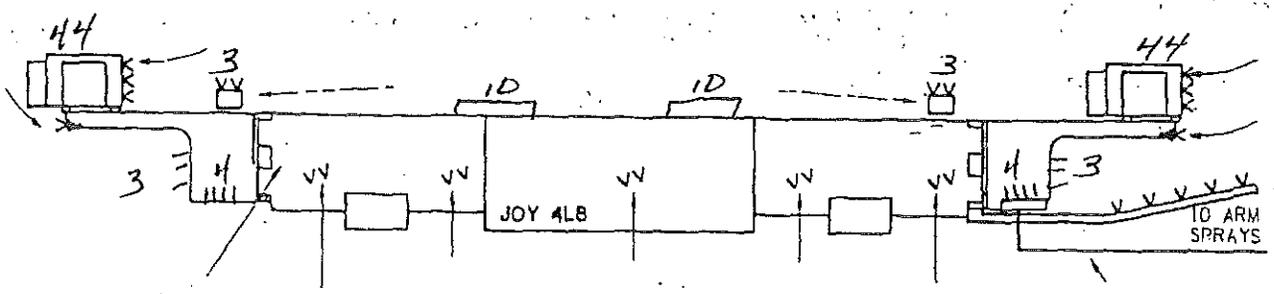
Bi-monthly Sampling Conducted By:  Operator  Contractor Contractor I.D.: \_\_\_\_\_

Sampling Equipment: Provided By  Operator  Contractor Calibrated and Maintained By  Operator  Contractor

Inspector Recommendations and Comments: Section Down All Shift Due To Low Air Velocity on Tail  
Operator Had Section Down @ Start of Shift.

Production Taken From Last 30 Days  
Production Reports.

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



Respirable Dust Sampling and Monitoring Data

U.S. Department of Labor  
Mine Safety and Health Administration

2112

1. Type of Inspection:  Regular  Technical  Monitoring 2. Date: 5-15-2006 3. Field Office Code: 22461

4. Mine I. D.: 46-88436 5. Mine Name: Upper Big Branch - South Performance Coal Co. Inc. 6. Company Name: Upper Big Branch - South Performance Coal Co. Inc.

7. MMD/DA/SA: 931-D 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: 2

9. AR Number: 24824 10. Supervisor Signature: M. T. Perkins

11. Type Mining System:

A. Longwall  B. Continuous  C. Conventional

Other (specify) \_\_\_\_\_

12. Mining Ht.: 90 Inches of Rock Mined: 48

13. Remote Operation of Miner?:  Yes  No

14. Type of Mining:  I. Development  II. Retreating

15. Physical Conditions:

Face Area:  Wet  Damp  Dry

Roadways: NIA  Wet  Damp  Dry  Compacted

16. Type of Haulage Equipment: NIA

Electric  Battery  Diesel  Other (specify) \_\_\_\_\_

17. Roof Bolter Type:  I. Twin Head  II. Single Head  III. Integral

Number of Bolters: NIA

A. Ventilation:  I. Operates on Separate Split of Air  Yes  No  II. Operates on Return-Side of DO  Yes  No

B. Is Roof Bolter DA Established?  Yes  No

C. Type of Dust Control:  I. Wet Head  II. Dust Collector

18. Dust Control Parameters - Ventilation System:

A. Method of Face Ventilation:  I. Blowing  II. Exhausting  III. Both

B. Face Ventilation Device:  I. Curtain  II. Tubing  III. Both

C. Line Curtain/Tubing Distance: \_\_\_\_\_ ft.

D. Is Face Area Ventilated with Belt Air?  Yes  No

E. If, Yes, Quantity in Belt Entry: \_\_\_\_\_ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Location	Quantity (Q), cfm	
	Plan	Observed
Headgate	104,000	103,840
Tailgate		

Location	Velocity (V), fpm	
	Plan	Observed
Headgate	750	1,040
Tailgate	550	525

Continuous/Conventional/Handloading

	Plan		Observed	
	Q	V	Q	V
Face (Q)				
MEAV (V)				
Scrubber*				

Location	Number of Operating Sprays		Operating PSI	
	Plan	Observed	Plan	Observed
Shield 24	114	124	60	125

Sprays Located per Plan

Yes  No

Sprays Angled per Plan

Yes  \* No

Auxiliary Controls:

*At Crusher*

Scrubber Frequency Screen Checked: *Each Shift*

Frequency Ductwork Checked: *Each Shift*

Fan Spray Sprays Located per Plan  Yes  No

Sprays Angled per Plan  Yes  No

Work Practices Describe: \_\_\_\_\_

Enclosures Describe: \_\_\_\_\_

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: \_\_\_\_\_

Are Approved Respirators Being Worn?:

Yes  No

If Yes, By Whom: *All FaceLine Passers*

*Bacal Airstream Helmets*

Make: *Bacal* Model: *?*

Do Miners Work Downwind of the Longwall Shearer?:

Always  Part of the Shift  Never

Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?:

Yes  No

If Yes, specify: \_\_\_\_\_

Were Dust Control Parameters Changed During Sampling?:

Yes  No If Yes, specify: \_\_\_\_\_

Production (tons):

At Time of Sampling: *2380* tons At Time of Monitoring: \_\_\_\_\_ tons During Last 30 Shifts: *1524* tons

Monthly Sampling Conducted By:

Operator  Contractor Contractor I.D.: \_\_\_\_\_

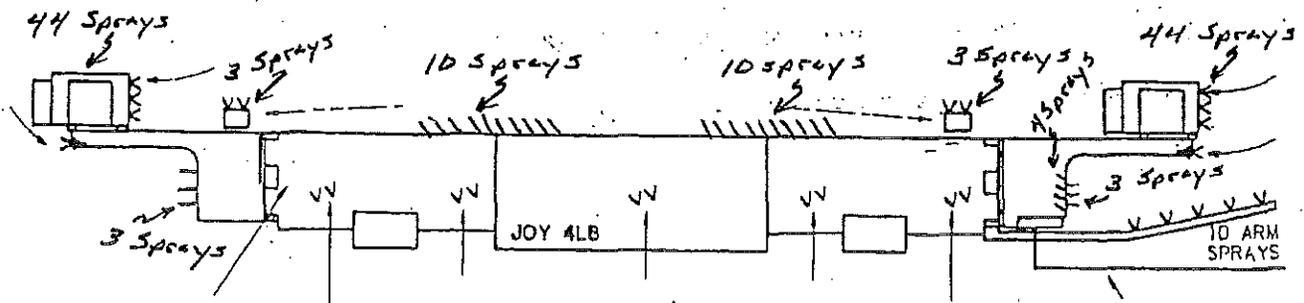
Sampling Equipment: Provided By

Operator  Contractor Calibrated and Maintained By  Operator  Contractor

Inspector Recommendations and Comments:

*Production Tons Gathered From Daily Production Reports & Calculated By Number of Passes Times 175 (Equivalent Miner Section Ft) Times 8 Tons  
47 Passes x 175 x 8 = 2380 Tons*

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION



DAILY COVER SHEET

DATE 5/18/86

EVENT NO. 4111115

ARRIVED AT THE MINE \_\_\_\_\_ DEPARTED FROM THE MINE \_\_\_\_\_

LIST RECORD BOOKS CHECKED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ACCOMPANIED BY: COMPANY REP. \_\_\_\_\_

MINERS REP. \_\_\_\_\_

\_\_\_\_\_

AREAS OF INSPECTION ACTIVITY:

Met w. m Rich Oliney, Link Solfe, Bill Ross and Glen  
Pac on the changes company has submitted to the existing  
methan and dust control plan on 031-0 Longwell section  
that is currently down on 104(b) order. We have  
accepted these changes plus have added some additional  
items that need to be submitted for approval to existing  
plan before we can modify order to resume production.

\_\_\_\_\_ and \_\_\_\_\_ traveled to mine site and submitted  
to company the changes that MSHA wants to be added  
to plan they plan to submit. The company had no  
problems with any item except changing operators out  
at mid shift due to they do not have enough qualified  
operators at this time. MSHA does not want to

PAGE NO 1 INSP INITIAL \_\_\_\_\_ SUPERVISOR D&I \_\_\_\_\_

DATE 5/18/06

create any safety hazard and this item will be omitted.  
The mid face velocity of 650 was to much for company  
and they will request 500 and was informed to  
submit and see if it will be acceptable.

Left mine site to travel to Logan field office and  
[redacted] would return to MT. Hope to process now when  
company will submit.

INSP. INITIALS [redacted]

SUPV. D&I

PAGE NO. 2

# ENVIRONMENTAL DUST INSPECTION

Personal Samplers

Mine ID No. 46-08436 MMU/All DA's or DWP's No. 030-0 Date 6-12-06  
 CONTROL CASSETTE NO. 57636955 Avg. Tonnage(last 30 prod. shifts) 617

Pump No.	Cassette No.	Occupation	Occ. Code	Time		Minutes	Remarks
				On	Off	Total	
<del>00</del>	<del>57 636578</del>					480	
<del>01</del>	<del>57 636552</del>						
<del>02</del>	<del>57 636531</del>						
06	57 636546	#2 Shuttle Car	050				}
08	57 636551	Mine	036				
09	57 636746	#3 Shuttle Car	050				
<del>16</del>	<del>57 636510</del>						
<del>17</del>	<del>57 636605</del>						
07	57 636544	DA Belt	9300				

RR  
7-11-06

6-28-06

WE had A TALK WITH THE BLOCK Supts.  
[REDACTED] AND THE  
[REDACTED] THAT WHEN  
THEY MAKE ANY VENT CHANGES ON  
THEIR BLOCKS THAT THEY WILL TALK  
TO DEMPSEY PETRY OR WILLIS ABOUT IT  
AND MARK ON THE 1200 MAP AND SIGN  
A BOOK DESIGNED FOR VENT. CHANGES

Dempsey Petry  
Mine Foreman UBB  
Performance Coal.

RESPIRABLE DUST

DATE: April 10 2006

LOCATION: 009-c

PUMP	CASSETTE	CODE	OCC.	TIME ON	2nd	4th	TIMEOFF
358	636514	036	mine	1600	1800	2300	2400
359	636526	046 I	Roof bolt				
D.A. 360	636595	046 R	Roof bolt				
361	636537	<sup>49</sup> 050	shutter				
362	636558	<sup>46</sup> 050	shutter				
363	636591	054	SCOOP				
364	636609	Intake					
C.S	636345						

TOTAL

760

Initial [REDACTED]

Supervisor D&IR RR 7-11-06

Page No. \_\_\_\_\_

DATE: MAY 01, 2006

RESPIRABLE DUST

LOCATION: 031-D

PUMP	CASSETTE	CODE	OCC.	TIME ON	2nd	4th	TIMEOFF
062	636724	044	shew	16:00	18:00	20:00	24:00
063	636739	064	shew				
064	636692	041	Jacksetta				
065	636651	040	keagah				
066	636625	053	utility				
067	636731	831-0	Intake				Intake at 8:30
CS	636737						

Tends 28:00

Intake D.A

Bi-monthly.

Initial



Supervisor D&I RR 7-11-06

Page No. \_\_\_\_\_

RESPIRABLE DUST

DATE: May 21, 2006

LOCATION: 031

PUMP	CASSETTE	CODE	OCC.	TIME ON	2nd	4th	TIME OFF
R40	636740	044	Tail Shear	1.600	1915		<del>2205</del> <del>2130</del>
R41	636741	064	Head Shear				
R42	636852	091	Jacking				
R43	636842	053	Utility				
R44	636833	040	Headgear				
R45	636763	931	Frontal Dr				
C-3	636748						

mint

Tom 690

Initial



Supervisor D&I RR 7-11-06

Page No. \_\_\_\_\_

RECORDING PAGES FRONT & BACK

### Record of Mine Site Safety Meetings

Employee's Name	Employee's Name
[REDACTED]	11. [REDACTED]
	12.
	13.
	14.
	15.
	16.
	17.
	18.
	19.
	20.

Subject(s) covered: TALKED TO ALL SECTION FOREMEN + BLOCK SUPERS

ABOUT PROPER FIREBOSS EXAMINATIONS. REPORTING + RECORDING

IMPORTANT FOR ALL CREWS SAFETY + ITS THE LAW.  
FAILURE TO DO THIS WILL RESULT IN DISPLINARY ACTION.

Wendell Wills  
Signature of Person Conducting Meeting

6/13/06  
Date

DAY-EVE.  
Shift

15 MIN.  
Length of Meeting (Minutes)





PO Box 625  
Logan WV, 25601  
304-239-6300 - Phone  
304-239-6288 - Fax  
<http://www.minelifeline.com>  
email: [info@minelifeline.com](mailto:info@minelifeline.com)

VIA EMAIL

June 12, 2006

VIA FAX 304-854-3534

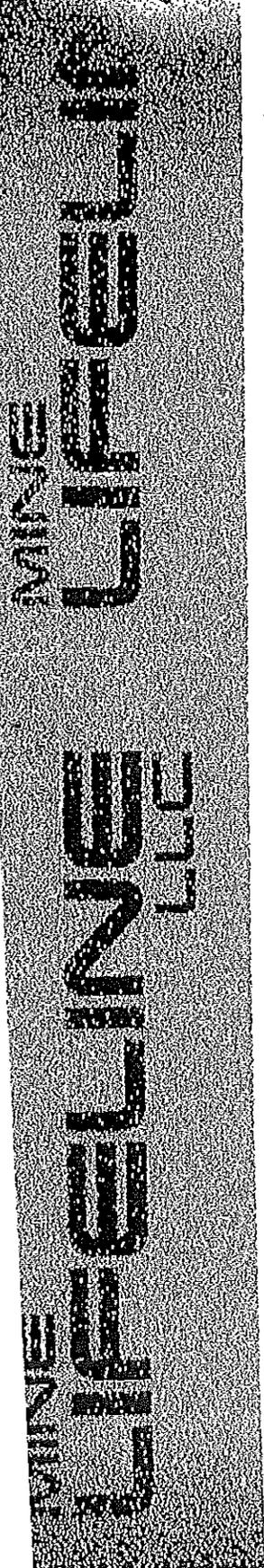
Mr. Randy Miller

This fax is to confirm your order of 48,000 of secondary lifeline, however at the present you have been allocated only 3,000 ft./wk. We are trying to satisfy the needs of all Massey Energy Company mines plus other customers. Your first shipment is scheduled for pick up by UPS.

Should you have other questions, please don't hesitate to call.

Thank you in advance for your understanding.

James Nagle



QIT # 725672

PAGE 1 OF *Extended*  
TO 6-15-06

# PERFORMANCE COAL UPPER BIG BRANCH

Mine Life line  
Vendor Name

Contract # (If applicable): BID 01275

JAMES  
Vendor Contact

## RELEASE ORDER

Release Number: UB - 35287

239-6300  
Vendor Contact Phone #

POSSIBLE WARRANTY Y/N

Today's Date: 06/05/06

ESTIMATED FREIGHT

Line Item	Massey Item #	Part #	Description	Quantity	Unit of Measure
1	N/A 1995250	Life Line	1000 ft life line along	48	ea
2	N/A 1995255	Life Line	with Extensions 12" in	4	ea
3	N/A 1995260	Life Line	24" Extensions	4	ea
4	1995295		4ft Extension Tool	1	ea
5					
6			Per Email		
7			6039-3338 - (33,35,40)		
8	Copy of Purchase Order				
9	for Life line		Increased per Mike Vaughn/ [Redacted] conversation		
10					
11					
12					
13					
14					
15					

Randy Mader  
Member Issuing Release Order

06/05/06  
Date

Superintendent Signature

Date

Bottle No. K-2108 Mine ID 46-08436 Number 1  TL  
 Mine Upper Big Branch Mine  Incomplete  
 Company Performance Coal Co.  Complete  
 Collector (name and mailing address) [REDACTED]

Field Office responsible for AAA Inspection - (F.O. Code) 20401  
 Location in Mine NO. 4 entry North Return

Date 5-15-06 Air Quantity 141,440 CH4 φ  
 No. of Sampling Points required to calculate TL                       Last TL Sample

Date Rec. FOR LAB USE ONLY Lab No.  
 Rpt. No. No. of Samples

Bottle No. M-1095 Mine ID 46-08436 Number 2  TL  
 Mine Upper Big Branch  Incomplete  
 Company Performance Coal Co., Inc.  Complete  
 Collector (name and mailing address) [REDACTED]

Field Office responsible for AAA Inspection - (F.O. Code) 20401  
 Location in Mine NO. 2 North Track entry

Date 5-15-06 Air Quantity 10,440 CH4 φ  
 No. of Sampling Points required to calculate TL                       Last TL Sample

Date Rec. FOR LAB USE ONLY Lab No.  
 Rpt. No. No. of Samples

Bottle No. J-7699 Mine ID 46-08436 Number 3  TL  
 Mine Upper Big Branch  Incomplete  
 Company Performance Coal Co., Inc.  Complete  
 Collector (name and mailing address) [REDACTED]

Field Office responsible for AAA Inspection - (F.O. Code) 20401  
 Location in Mine NO. 1 South entry Draft

Date 5-15-06 Air Quantity 3,960 CH4 φ  
 No. of Sampling Points required to calculate TL                       Last TL Sample

Date Rec. FOR LAB USE ONLY Lab No.  
 Rpt. No. No. of Samples

Bottle No. K-0547 Mine ID 46-08436 Number 4  TL  
Mine Upper Big Branch  Incomplete  
Company Performance Coal Co, Inc.  Complete  
Collector (name and mailing address) [REDACTED]  
Field Office responsible for AAA Inspection - (F.O. Code) 20401  
Location in Mine No. 2 South Track entry Drift  
Date 5-15-06 Air Quantity 11,050 CH4   
No. of Sampling Points required to calculate TL \_\_\_\_\_  Last TL Sample  
Date Rec. \_\_\_\_\_ FOR LAB USE ONLY Lab No. \_\_\_\_\_  
Rpt. No. \_\_\_\_\_ No. of Samples \_\_\_\_\_

Bottle No. M-1096 Mine ID 46-08436 Number 5  TL  
Mine Upper Big Branch  Incomplete  
Company Performance Coal Co, Inc.  Complete  
Collector (name and mailing address) [REDACTED]  
Field Office responsible for AAA Inspection - (F.O. Code) 20401  
Location in Mine No. 3 South entry Drift  
Date 5-15-06 Air Quantity 6,120 CH4   
No. of Sampling Points required to calculate TL \_\_\_\_\_  Last TL Sample  
Date Rec. \_\_\_\_\_ FOR LAB USE ONLY Lab No. \_\_\_\_\_  
Rpt. No. \_\_\_\_\_ No. of Samples \_\_\_\_\_

Bottle No. M-1098 Mine ID 46-08436 Number 6  TL  
Mine Upper Big Branch  Incomplete  
Company Performance Coal Co, Inc.  Complete  
Collector (name and mailing address) [REDACTED]  
Field Office responsible for AAA Inspection - (F.O. Code) 20401  
Location in Mine No. 5 Old Fan entry Drift-South  
Date 5-15-06 Air Quantity 11,000 CH4   
No. of Sampling Points required to calculate TL \_\_\_\_\_  Last TL Sample  
Date Rec. \_\_\_\_\_ FOR LAB USE ONLY Lab No. \_\_\_\_\_  
Rpt. No. \_\_\_\_\_ No. of Samples \_\_\_\_\_

Bottle No. M-2323 Mine ID 46-08436 Number 1  TL  
Mine Upper Big Branch Mine  Incomplete  
Company Performance Coal Company  Complete  
Collector (name and mailing address) [REDACTED]  
Field Office responsible for AAA Inspection - (F.O. Code) 20401  
Location in Mine Jarrell's Branch Fan  
Date 4-05-06 Air Quantity 363,977 CH4 0  
No. of Sampling Points required to calculate TL \_\_\_\_\_  Last TL Sample  
Date Rec. FOR LAB USE ONLY Lab No.  
Rpt. No. No. of Samples

RR  
7-11-06

RR  
4-13-06

\*\*0401-003

---REPORT OF CONTINUING NONCOMPLIANCE---  
(MECHANIZED MINING UNIT-DESIG OCC)

APR 11, 2006

PERFORMANCE COAL COMPANY  
UPPER BIG BRANCH MINE-SOUTH

MINE I.D.46-08436  
MECHANIZED MINING UNIT I.D. 031-0  
DESIGNATED OCCUPATION  
044, LONGWALL OPERATOR (TAILGATE SIDE)

CURRENT BIMONTHLY SAMPLING CYCLE MAR-APR 2006

A CITATION/ORDER IS OUTSTANDING FOR THE MECHANIZED MINING UNIT IDENTIFIED ABOVE.  
THE FOLLOWING ARE THE RESULTS OF THE SAMPLES RECEIVED RELATIVE TO THE CITATION/ORDER REFERRED TO  
ON THIS MESSAGE. THE CITATION/ORDER REMAINS IN EFFECT.

CITATION/ORDER NO. 07250705  
DATE ISSUED 02-06-2006  
EXPIRATION DATE 03-07-2006

CASSETTE NO.	DATE	SAMPLING START TIME (24-HR CLOCK)	MRE EQUIV CONCENTRATION	PRODUCTION
50832344	02-24-2006	06	3.393	04200
50832345	04-03-2006	16	1.220	05600
50834820	04-04-2006	06	10.429	03360
50834808	04-05-2006	06	13.120	00840
50834864	04-05-2006	16	0.274	03504

AVG. CONC. 5.687 NORM. PROD. 03500

APPLICABLE STANDARD 1.7

---0401---081---46-08436---U ---A  
PERFORMANCE COAL COMPANY  
UPPER BIG BRANCH MINE-SOUTH  
ATTN:BILL POTTER PRESIDENT  
POB 69  
NAOMA WV 25140

THIS IS A COPY OF A MESSAGE MAILED TO THE OPERATOR. THE MMU DESIGNATED OCCUPATION IS STILL  
OUT OF COMPLIANCE. NORMAL BIMONTHLY PROCESSING CANNOT RESUME. NOTE THE EXPIRATION DATE.

CC: F O Super  
Mike Dickerson





# Performance Coal Company

P.O. Box 69

Naoma, WV

25140

May 9, 2006

Mr. Mike Dickerson  
Mine Safety and Health Administration  
100 Bluestone Road  
Mt. Hope, West Virginia 25880-0112

RE: Performance Coal Company - Upper Big Branch Mine-South  
Federal I.D. 46-08436, State I. D. U-3042-92 - MMU 031 revision

Dear Mr. Dickerson:

Performance Coal Company, Upper Big Branch Mine-South (ID 46-08436), is hereby submitting a revised MMU plan for MMU 031 (longwall). The following change is requested to be added to the currently approved plan:

While maintaining the split at the tailgate side to keep the gob area pressurized, Performance Coal Co. would like to increase the air quantity in the last open break to 80,000 CFM and also increase the air quantity Outby the tailgate to a maximum of 50,000 CFM. The air velocity at the No. 17 shield will be maintained at 500 FPM, a mid face velocity of 340 FPM will be maintained at shield No. 88, and at No. 160 shield an air velocity of 325 FPM will be maintained.

Performance Coal Co. also plans to utilize Ventura sprays located behind the drip edge on the shield canopies every ten shields starting at the no. 8 shield and extending to the no. 168 shield. These sprays will be angled down wind and will run continuously while coal is being produced.

In addition to the above procedures, Performance Coal Co. plans to add a wetting agent to the water supply to aid in dust suppression.

If you have any questions, or require further information, please call me at (304) 854-1762.

Respectfully Submitted,

Performance Coal Co.  
Mike Vaught  
Safety Director

MSHA  
MOUNT HOPE, WV

MAY 09 2006

RECEIVED  
HEALTH

RR  
7-11-06

UNITED STATES DEPARTMENT OF LABOR  
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA  
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH  
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436  
Inspector: [REDACTED]

Date(s) Collected: 05/15/2006  
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
K2108	NO. 4 ENTRY - NORTH RETURN	0.070	20.83	0.020	0.000	141440	40735
M1095	NO. 2 NORTH TRACK ENTRY	0.060	20.78	0.000	0.000	10440	0
J7699	NO. 1 SOUTH ENTRY - DRIFT	0.080	20.91	0.000	0.000	3960	0
K0547	NO. 2 SOUTH TRACK ENTRY - DRIFT	0.070	20.92	0.000	0.000	11050	0
M1096	NO. 3 SOUTH ENTRY - DRIFT	0.060	20.78	0.000	0.000	6120	0
M1098	NO. 5 OLD FAN ENTRY - DRIFT - SOUTH	0.060	20.76	0.000	0.000	11000	0

512,449  
Libertine  
24 Hours

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

R 4  
2-16-06

UNITED STATES DEPARTMENT OF LABOR  
MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA  
ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH  
Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436  
Inspector: [REDACTED]

Date(s) Collected: 04/05/2006  
Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
M2323	JARRELL'S BRANCH FAN	0.340	20.59	0.090	0.000	363977	471714

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

DAILY COVER SHEET 411119

Date 4-5-06 411119

Date 4-5-06 Event No. ~~411118~~

Arrived at the Mine \_\_\_\_\_ Departed from the Mine \_\_\_\_\_

List Records Books Checked Pre-shift Weekly

Accompanied By: Company Representative [Redacted]

Miners Representative \_\_\_\_\_

AREAS OF INSPECTION ACTIVITY:

The inspection conference. Advised Co & Miners Reps. Traveled to Jarrells Branch fan to conduct 103I Spot inspection.

363,977 CFM Pressure Reading at Jarrells Branch fan ~~103I~~ is 10

Inspector's Initials [Redacted]

Supervisor's Initials and Date RR 7-11-06 Page No. 1

\*U.S. Government Printing Office: 1997 - 508-470

Check Co System and records. (OK)

Check Pre-shift & Weekly Exams. (OK)

Check Fan Chart circular records - (OK)

Inspector's Initials [Redacted]

Supervisor's Initials and Date 7-11-06 Page No. 2

U.S. G.P.O. 2005:742-583

DAILY COVER SHEET

Date 4-17-06 Event No. ~~103E~~

Arrived at the Mine \_\_\_\_\_ Departed from the Mine \_\_\_\_\_

List Records Books Checked Pre-Shift

Accompanied By: Company Representative



Miners Representative

None

AREAS OF INSPECTION ACTIVITY:

5 x cut In chitak  
35, 22, 25 Secours

21 feet per minute

longwall belt cut

X cut 5

- air traveling out by

- down the belt

Inspector's Initials \_\_\_\_\_

Supervisor's Initials and Date RR 2-11-06 Page No. \_\_\_\_\_

Date 4-17-06 ~~4-17-06~~

Time 1030 Alt # 7243921  
75-1107

Take unit for 16 Hg  
belt head (Math Drive)  
Not protected with  
auto fire suppression.

0% CH4 detected  
along belt line of  
16 Head gate belt.  
20.8 02 - (NOCO)

~~Take unit for 16 Hg~~

Check Trackway to  
16, Head gate area

Inspector's Initials \_\_\_\_\_

Supervisor's Initials and Date 7-11-06 Page No. \_\_\_\_\_

Date 4-17-06 ~~4-17-06~~

Main line track for  
CH4 along track &  
high spots -

0% CH4  
20.8-02  
0-00

Travel 20 x crosscut  
of 16 Hg gate belt  
Remain with  
Math

Check CO - Sensors  
Specify - fire outlet  
clean gap  
(This belt is already

Inspector's Initials \_\_\_\_\_

Supervisor's Initials and Date 5-11-06 Page No. 3

411121

Date 4-17-06 1031

Under order on  
previous citation of  
air direction and  
Excessive 10 mg of  
respirable dust. as of  
4-14-06

Inspector's Initials



Supervisor's Initials and Date RR 7-11-06

Page No. 4

DAILY COVER SHEET

Date 4-6-06 Event No. 4111118(E01)

Arrived at the Mine \_\_\_\_\_ Departed from the Mine \_\_\_\_\_

List Records Books Checked Weekly Exam (EP's)  
\$ 75.1200 map

Accompanied By: Company Representative Wendell  
Wills, Supt.

Miners Representative NONE

AREAS OF INSPECTION ACTIVITY:

- Traveled w/ W. Wills & checked bleeder evaluation points along N. Mains to the Jarrell BR. BDR. FAN

Inspector's Initials [Redacted]  
 Supervisor's Initials and Date RR 7-11-06 Page No. 1

Leave Mt. Hope office approx 6:30am & travel to mine site  
 Arrive @ mine site 8:30am & meet w/ Wendell Wills, Supt.  
 - want to check all bleeder evaluation points along N. Mains & active HG's long wall unit  
 - Wendell & [Redacted] will check [Redacted] from Mt. Hope Eo also on site  
 - informed W. Wills we will be working under "Eo1" inspection  
 - Check weekly exam records

Date 4-6-06 Inspector's Initials [Redacted]  
 Supervisor's D&I RR 7-11-06 Page No. 2

EP's in effect  
 HG-20 EP-56 (EP-55)  
 HG-19 EP-50  
 " -18 EP-43  
 " -17 EP-42  
 " -16 current 4/1 w/ EP 41 in by setup  
 HG-15 EP-40 @ mouth of tail EP-40A in by end of setup  
 HG-14 EP-39 @ mouth EP 1 in by end of setup  
 HG-12 EP-22  
 " -11 EP-33 \*  
 → old N. Mains  
 HG-10 EP-20A @ mouth EP-20 out by end of N. Mains cut fan @ BR #75  
 \* No record of exam for these.

Date 4-6-06 Inspector's Initials [Redacted]  
 Supervisor's D&I RR 7-11-06 Page No. 3

Review 75.1200 map posted in mine office for air & EP locations

9:20 75.1202 Mine map certified 12-31-05 (by G. Wills) is not being kept up to date by temp. notations

- an in #1 & 2 entries of N. Mains is still shown as return air when in fact it is now intake air feeding EP #22, 33 & 39
- as well, the primary & alt. ESN's for the longwall section are still shown in HG15 instead of HG16
- controls missing @ EP #20 in old N. Mains (stoppings) & controls (cabs & stoppings) installed/removed to reconfigure the control unit in HG16 block
- unlikely / map violation

Date 4-6-06 Inspector's Initial [redacted]

Supervisor's D&I RR7-11-06 Page No. 4

J.S. Government Printing Office: 1997 - 508-470

75.364(A) 9:45 AM

No record of exams for EP #20-A & #33

- EP #20A located @ mouth of old N. Mains (HG #10) & EP #33 located @ mouth of HG11
- W. Wills doesn't know why not recorded - no record found in App. or March '06 - W. Wills has examined on several occ. last month or so but did not record
- will check for DT & T's upon inspection
- most likely to affect only one person (examiner) & would not be likely to result in 5 & 5 since EPs are fed off intake air & splits
- other EPs are being made & recorded daily (not weekly)

Date 4-6-06 Inspector's Initial [redacted]

Supervisor's D&I RR7-11-06 Page No. 5

U.S. Government Printing Office: 1997 - 508-470

[redacted] came to the mine site - he is an engineer for Perf. Coal Co

- made him aware of the 75.1200 map deficiencies & the fact that it was cited - he needs to update the 75.1200 map posted @ mine with all changes & revisions approved to date
- he needs to provide me w/ a copy of that map by term. due date also
- citation due 4-12-06
- Prepare to travel w/dg. w/ W. Wills
- travel from surface to the N. Mains by battery mantrip to Break #74

Date 4-6-06 Inspector's Initial [redacted]

Supervisor's D&I RR7-11-06 Page No. 6

U.S. Government Printing Office: 1997 - 508-470

EPs from weekly records		
	4-5-06	4-4-06
EP-57	5,040 cfm	5,088 cfm
"-55	7,092	7,056
-50	18,480	18,669
-43	17,608	14,952
-42	8,480	6,764
-22	2,040	2,180
-40	2,414	2,227
-20	46,766	49,949
-39	1,479 (on 3-31-06)	
-40a	good numat.	0.2% CH <sub>4</sub>
-40 (EP3)	4,105	0.2% CH <sub>4</sub>
-41	5,868 cfm	0% CH <sub>4</sub>

No CH<sub>4</sub> recorded other than noted above.

Date 4-6-06 Inspector's Initial [Redacted]

Supervisor's D&I RR 2-11-06 Page No. 7

10:30 AM  
Return from N. Mains section to HG-10 bldr.

① 6.5'H x 16'W = 104 ft<sup>2</sup>  
5.50 fpm 57,200 cfm  
(640 in. W.)

0.1% CH<sub>4</sub> 20.8 O<sub>2</sub>

② 6.5'H x 19'W = 123.5 ft<sup>2</sup>  
2.30 fpm 28,400 cfm

0.05% CH<sub>4</sub> 20.8 O<sub>2</sub>

85,605 cfm

Date 4-6-06 Inspector's Initial [Redacted]

Supervisor's D&I RR 2-11-06 Page No. 8

EP-20 11 AM  
D&I 4-6-06 9 AM JB

1192' x 2.15' = 5,281 ft<sup>2</sup>  
2.3' x 33"

4929 vol. @ 23,422 cfm  
x .9

0.0% CH<sub>4</sub>  
20.8 O<sub>2</sub>

11:40 AM  
EP-20a @ mouth  
#2 entry left of track 5<sup>th</sup> 7704  
6480 fpm #.9 = 5832

8'H x 10'W = 0.9 ft<sup>2</sup>  
= 5,250 cfm  
air into gob  
0% CH<sub>4</sub> 20.8 O<sub>2</sub>  
"EP in field off track air

4-5-06 D&I 11:40 AM WW  
2-27-06 4:30 PM HH  
Track in #3

Date 4-6-06 Inspector's Initial [Redacted]

Supervisor's D&I RR 2-11-06 Page No. 9

12 NODM

EP-33 - #1 entry HG-11  
 $8'' \times 16'' = 0.9 \text{ ft}^2$   
 $6,200 \times 0.9 = 5,580 \text{ fpm}$   
 $5,022 \text{ cfm}$  *working*  
 air into gob *badly*  
 O<sub>2</sub> CH<sub>4</sub> 20.5 O<sub>2</sub>

DT & I 4-2-06 MC 11<sup>30</sup>

$6.5 \text{ H} \times 20 \text{ W} = 130 \text{ ft}^2$   
 $\times 105 \text{ fpm}$   
 $(13,650 \text{ cfm})$   
 Blowing "R" in #1 entry

EP-22 HG-12 #2 entry  
 $24'' \times 12'' = 2 \text{ ft}^2$  *badly*  
 air into gob  $(1,836 \text{ cfm})$   
 $918 \text{ fpm}$   
 O<sub>2</sub> CH<sub>4</sub>  
 $20.5 \text{ O}_2$  O<sub>2</sub> CH<sub>4</sub>  $20.5 \text{ O}_2$   
 just out by good #13461

Date 4-6-06 Inspector's Initial [REDACTED]

Supervisor's D&amp;I RA 7-11-06 Page No. 10

EP-39 @ HG-14 mouth  
 #1 entry 12<sup>45</sup> fpm  
 $28'' \times 9'' = 1.75 \text{ ft}^2$   
 $1021 \text{ fpm} = (1,787 \text{ cfm})$   
 air into gob O<sub>2</sub> CH<sub>4</sub> 20.5 O<sub>2</sub>

4-2-06 MC 10<sup>55</sup>

EP-40 TG-15 HG #1 entry  
 $8'' \times 16'' = 0.9 \text{ ft}^2$   
 $8'' \times 20'' = 1.12 \text{ ft}^2$   
 $2.28 \text{ ft}^2$   
 $1328 \text{ fpm} = (2,667 \text{ cfm})$   
 AIR INTO TG entry

Date 4-6-06 Inspector's Initial [REDACTED]

Supervisor's D&amp;I RR 7-11-06 Page No. 11

2<sup>00</sup> fpm #1 entry  
 EP-41 HG-16 Behind  
 set up  
 $39'' \times 14'' = 3.77 \text{ ft}^2$   
 $1921 \text{ fpm} = (7,242 \text{ cfm})$   
 air in - good pressure  
 $20.5 \text{ O}_2$  O<sub>2</sub> CH<sub>4</sub>

EP-41A  
 No. 2 entry of set up  
 rooms  
 - Smoke mount from  
 head to tail - No CH<sub>4</sub>  
 $20.5 \text{ O}_2$   
 - crawled 1/2 way across  
 found them the 1st  
 set up entries - good  
 mount, No CH<sub>4</sub> detected

Date 4-6-06 Inspector's Initial [REDACTED]

Supervisor's D&amp;I RA 7-11-06 Page No. 12

Leave H&H of travel  
outside by rail  
side

Outside @ 3PM - issue  
citations & discuss  
w/ W. Williams of [redacted]

- Leave mine site approx  
4:45 PM & travel back  
to the Mt. Hope office

Date 4-6-06 Inspector's Initials [redacted]

Supervisor's D&I RR 7-11-06 Page No. 13

FO Super  
H. DC  
2-11-06

\*\*0401-0001  
REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

JUNE 29, 2006

MINE ID NUMBER

46-08436

MINE NAME - UPPER BIG BRANCH MINE-SOUTH

COMPANY NAME - PERFORMANCE COAL COMPANY

ENTITY ID 031-0

SAMPLING DATE 05-21-2006

\*\*\*\*\*  
\*  
\* AVG. PROD. (FOR LAST 30 PROD. SHIFTS) \_\_\_\_\_  
\*  
\* SURVEY CONDUCTED BY \_\_\_\_\_  
\*  
\*\*\*\*\*

PRODUCTION THIS SHIFT  
690

SHIFT: 16

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
1	044	57636740	355	0.802	511.524	511.939	0.002		2.00	IWS	_____
2	041	57636852	355	0.616	507.966	508.285	0.002		2.00	IWS	_____
2	040	57636833	355	0.328	509.005	509.176	0.002		2.00	IWS	_____
2	053	57636842	365	0.166	512.747	512.837	0.002		2.00	IWS	_____
2	064	57636741	355	0.678	516.098	516.449	0.002		2.00	IWS	_____
7	000	57636793	353	0.465	515.536	515.776	0.002		1.00	IWS	_____

RH  
7-71-6

\*\*0401-0001  
REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

MAY 8, 2006

MINE ID NUMBER

46-08436

MINE NAME - UPPER BIG BRANCH MINE-SOUTH

COMPANY NAME - PERFORMANCE COAL COMPANY

ENTITY ID 031-0

SAMPLING DATE 05-01-2006

PRODUCTION THIS SHIFT  
2800

SHIFT: 16

```

*****
*
* AVG. PROD. (FOR LAST 30 PROD. SHIFTS) _____
*
* SURVEY CONDUCTED BY _____
*
*****

```

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
1	044	57636724	480	8.902	508.870	515.073	0.010		1.70		_____
2	049	57636651	480	0.329	508.552	508.791	0.010		1.70		_____
2	053	57636625	480	0.273	511.901	512.101	0.010		1.70		_____
2	041	57636692	480	3.304	510.586	512.895	0.010		1.70		_____
2	064	57636739	480	8.144	511.643	517.319	0.010		1.70		_____

FO Super

\*\*0401-0001  
REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

APRIL 17, 2006

MINE ID NUMBER

46-08436

MINE NAME - UPPER BIG BRANCH MINE-SOUTH

COMPANY NAME - PERFORMANCE COAL COMPANY

ENTITY ID 009-0

SAMPLING DATE 04-10-2006

PRODUCTION THIS SHIFT  
760

SHIFT: 14

```

*****
*
* AVG. PROD. (FOR LAST 30 PROD. SHIFTS) _____
*
* SURVEY CONDUCTED BY _____
*
*****

```

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
2	046	57636526	480	0.556	512.649	513.041	0.005		1.70		

15 11  
7-11-06

\*\*0401-0002  
REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

APRIL 17, 2006

MINE ID NUMBER  
46-08436

MINE NAME - UPPER BIG BRANCH MINE-SOUTH  
COMPANY NAME - PERFORMANCE COAL COMPANY

ENTITY ID 009-0

SAMPLING DATE 04-10-2006

PRODUCTION THIS SHIFT  
760

SHIFT: 16

\*\*\*\*\*  
\*  
\* AVG. PROD. (FOR LAST 30 PROD. SHIFTS) \_\_\_\_\_ \*  
\*  
\* SURVEY CONDUCTED BY \_\_\_\_\_ \*  
\*  
\*\*\*\*\*

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
1	036	57636514	480	2.741	509.363	511.275	0.005		1.70		
2	046	57636595	480	0.536	509.936	510.314	0.005		1.70		_____
2	050	57636539	480	1.323	513.047	513.973	0.005		1.70		_____
2	050	57636558	480	0.894	508.568	509.195	0.005		1.70		_____
2	054	57636591	480	0.540	507.914	508.295	0.005		1.70		_____
7	000	57636609	480	0.195	508.428	508.569	0.005		1.00		_____

E01 411118

7256465

mod

8436

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PERFORMANCE COAL CO.  
 P O BOX 69  
 NAOMA WV 25140

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Chell*

Agent

Addressee

B. Received by (*Printed Name*)

*Chell*

C. Date of Delivery

*1-26-07*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (*Extra Fee*)

Yes

2. Article Number

(*Transfer from service label*)

7004 1350 0002 5907 8137

Mine Safety and Health Administration  
Coal Inspection Tracking Report



Mine ID: 46-08436  
Company Name: PERFORMANCE COAL COMPANY  
Mine Name: UPPER BIG BRANCH MINE-SOUTH  
Activity Code: E01  
Event Number: 4111118

Mining Height (inches): 58  
Number Employees: 195  
Number Production Shifts: 2  
Number Maintenance Shifts: 1

The undersigned certify by signature that they have completed the minimum requirements as defined by the inspection procedures listed within this tracking system and the Coal General Inspection Procedures Handbook. All AR's who participated in this inspection event must sign this cover sheet and initial each report page where their AR number indicates participation on this investigation or inspection activity.

AR Signature	AR #	Date
	20643	07/11/2006
	23591	7/11/2006
	23855	7/11/2006
	24024	07/11/2006

The undersigned supervisor certifies that the documentation contained in this set of Inspection Tracking reports indicates that the minimum requirements for this event have been completed. Each report page must also be initialed to certify review.

Reviewing Supervisor Signature

7/11/2006

Date



MineID: 4608436 Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RR

Coal Inspection Tracking System

General

**Advised of Conference Procedures (Miner Rep)**

Required= Yes

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

Date	AR #		Shift	Complete
4/6/2006	23591		2	<input checked="" type="checkbox"/>
4/19/2006	24024	None	2	<input checked="" type="checkbox"/>
<i>Polled miners and they declined rights.</i>				
4/21/2006	24024	None	2	<input checked="" type="checkbox"/>
5/4/2006	24024	None	3	<input checked="" type="checkbox"/>
5/6/2006	24024	None	3	<input checked="" type="checkbox"/>
5/8/2006	24024	None	3	<input checked="" type="checkbox"/>
5/15/2006	24024	None	3	<input checked="" type="checkbox"/>
5/20/2006	24024	None	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

*RDR*

Coal Inspection Tracking System

# General

## Advised of Conference Procedures (Operator)

Required= Yes

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

Date	AR #		Shift	Complete
4/6/2006	23591	Dempsey Pettrey	2	<input checked="" type="checkbox"/>
4/19/2006	24024	Dempsey Pettry, Mine Foreman	2	<input checked="" type="checkbox"/>
4/21/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>
4/23/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>
5/4/2006	24024	[REDACTED]	3	<input checked="" type="checkbox"/>
5/6/2006	24024	[REDACTED]	3	<input checked="" type="checkbox"/>
5/8/2006	24024	[REDACTED]	3	<input checked="" type="checkbox"/>
5/8/2006	24024	Wendell Wills	3	<input checked="" type="checkbox"/>
5/15/2006	24024	[REDACTED]	3	<input checked="" type="checkbox"/>
5/20/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# General

## Check In And Out System

Required= Yes

The inspector determined the system being used at the mine complied with 30 CFR 75.1715.

Date	AR #		Shift	Complete
4/6/2006	23591	Bathroom	2	<input checked="" type="checkbox"/>
4/10/2006	20643	Ccheck-in board located in the bathroom area on surface.	3	<input checked="" type="checkbox"/>
<i>System checked while conducting a respirable dust survey.</i>				
5/8/2006	24024	Office	3	<input checked="" type="checkbox"/>
5/15/2006	24024	Mantrip Stations	3	<input checked="" type="checkbox"/>
6/27/2006	23591	shop	2	<input checked="" type="checkbox"/>
7/5/2006	20643	Check-in board located in the bathroom area on the surface.	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ADK

Coal Inspection Tracking System

# General

### First Day Arrival In Advance Of Starting Time

Required= Yes

The inspector arrived at the mine on the first day of the inspection in advance of starting time. Sufficient time was allowed for pre-inspection contacts, a preliminary review of record books, and an overview of the mine map to determine which area of the mine to begin the inspection. A physical inspection of the mine began immediately after the pre-inspection contacts were made. I a physical inspection of the mine did not begin on the first day of a regular inspection MSHA supervision or management was informed prior to the inspector leaving mine property.

Date	AR #	Shift	Complete
4/6/2006	23591	2	<input checked="" type="checkbox"/>
4/10/2006	20643	3	<input checked="" type="checkbox"/>
<i>Arrived at mine in sufficient time to obtain information concerning tonnage and respirable information.</i>			
7/5/2006	20643	3	<input checked="" type="checkbox"/>

### Independent Contractors

Required= No

All independent contractors encountered were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

### Interim Conference

Required= Yes

When daily conferences were not possible, regularly scheduled interim conferences were conducted. These conferences provided an overview of the inspection activities and an opportunity for the operator and miners' representatives to express any concerns.

Date	AR #	Shift	Complete
5/2/2006	23591	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: *ASR*

Coal Inspection Tracking System

# General

## Mine Map Reviewed (First Day For Hazards)

Required= Yes

The inspector, prior to going underground on the first day of the inspection, studied the mine map for consistency with approved mining methods, mining in proximity to worked-out areas, oil and gas wells, fuel transmission lines, bodies of water that could present an underground flood hazard, mines located adjacent to, above and below active workings, and any danger that surface mining may present to underground miners.

Date	AR #	Shift	Complete
4/6/2006	23591	2	<input checked="" type="checkbox"/>
4/10/2006	20643	3	<input checked="" type="checkbox"/>
<i>Mine map was review for location of the section. Respirable dust survey.</i>			
7/5/2006	20643	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

# General

## Notification of Inspection (Miner Representative)

Required= Yes

On the first day of the inspection, the inspector notified the miner representative of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

Date	AR #		Shift	Complete
4/6/2006	23591		2	<input checked="" type="checkbox"/>
4/19/2006	24024	None	2	<input checked="" type="checkbox"/>
4/20/2006	24024	None	2	<input checked="" type="checkbox"/>
4/22/2006	24024	None	2	<input checked="" type="checkbox"/>
4/23/2006	24024	None	2	<input checked="" type="checkbox"/>
5/4/2006	24024	None	3	<input checked="" type="checkbox"/>
5/5/2006	24024	None	3	<input checked="" type="checkbox"/>
5/6/2006	24024	None	3	<input checked="" type="checkbox"/>
5/7/2006	24024	None	3	<input checked="" type="checkbox"/>
5/11/2006	24024	None	2	<input checked="" type="checkbox"/>
5/15/2006	24024	None	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ASR

Coal Inspection Tracking System

# General

5/19/2006	24024	None	2	<input checked="" type="checkbox"/>
5/20/2006	24024	None	2	<input checked="" type="checkbox"/>
6/15/2006	24024	None	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

# General

## Notification of Inspection (Operator)

Required= Yes

On the first day of the inspection, the inspector notified the operator of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

Date	AR #		Shift	Complete
4/6/2006	23591	Dempsey Pettrey	2	<input checked="" type="checkbox"/>
4/19/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>
4/20/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>
4/22/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>
4/23/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>
5/1/2006	20643	[REDACTED]	3	<input checked="" type="checkbox"/>
<i>Respirable dust survey on 031-0 MMU.</i>				
5/4/2006	24024	[REDACTED]	3	<input checked="" type="checkbox"/>
5/5/2006	24024	[REDACTED]	3	<input checked="" type="checkbox"/>
5/6/2006	24024	[REDACTED]	3	<input checked="" type="checkbox"/>
5/7/2006	24024	[REDACTED]	3	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: *RDR*

Coal Inspection Tracking System

# General

5/11/2006	24024	Wendell Wills	2	<input checked="" type="checkbox"/>
5/15/2006	24024	Craig Boggs, VP	3	<input checked="" type="checkbox"/>
5/19/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>
5/20/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>
6/15/2006	24024	[REDACTED]	2	<input checked="" type="checkbox"/>
7/5/2006	20643	[REDACTED]	3	<input checked="" type="checkbox"/>

### Observed Man-trips In And Out Of Mine

Required= Yes

The inspector evaluated mantrip operating practices for safety by observing at least one mantrip in and out of the mine.

Date	AR #	Shift	Complete
4/6/2006	23591	2	<input checked="" type="checkbox"/>
4/21/2006	24024	2	<input checked="" type="checkbox"/>

### Post-Inspection Conference

Required= Yes

The inspector scheduled and held a post-inspection conference with the mine operator and miners representative (where applicable). The conference included a summary of all enforcement actions (including root causes) and any observations concerning conditions or practices. Accidents at the mine and any samples or surveys taken during the inspection were discussed.

Date	AR #	Shift	Complete
6/27/2006	23591	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# General

### Pre-Inspection Conference

Required= Yes

The inspector scheduled and held a pre-inspection conference with both the mine operator and miners representative (where applicable). The conference was conducted on or soon after the first day of inspection and covered enforcement actions, the accident history at the mine, a comparison to the national accident incident rates, and results of pertinent samples or surveys taken during previous inspections.

Date	AR #	Shift	Complete
4/6/2006	23591	2	<input checked="" type="checkbox"/>

### Travel with Mine Examiner - On-shift

Required= Yes

The inspector accompanied at least one mine examiner during a required on-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
4/10/2006	20643	3	<input checked="" type="checkbox"/>
<i>Traveled with the evening shift section foreman during his on shift examination. Initials, times and dates of the day shift pre-shift examiner were observed in all faces, 7.</i>			
6/27/2006	23591	2	<input checked="" type="checkbox"/>
<i>Travel through out inspection</i>			
7/5/2006	20643	3	<input checked="" type="checkbox"/>

### Travel With Mine Examiner - Preshift

Required= Yes

The inspector accompanied at least one mine examiner during a required pre-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
5/6/2005	23591	2	<input checked="" type="checkbox"/>
4/23/2006	24024	3	<input checked="" type="checkbox"/>
<i>Travel with pre-shift examiner to the 031-0 L/W MMU EP's</i>			

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

*RAD*

Coal Inspection Tracking System

# General

### **Travel With Mine Examiner - Weekly**

*Required= Yes*

The inspector accompanied at least one mine examiner during a required weekly examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

Date	AR #	Shift	Complete
6/21/2006	23591	2	<input checked="" type="checkbox"/>
<i>Treaveled several times through out the inspection</i>			

### **Uniform Mine File Reviewed**

*Required= Yes*

The inspector reviewed the Uniform Mine File (UMF) just prior to conducting the inspection. The type of event and the area to be inspected dictated the extent of the review per Uniform Mine File Procedures Handbook.

Date	AR #	Shift	Complete
4/4/2006	23591	2	<input checked="" type="checkbox"/>
4/19/2006	24024	2	<input checked="" type="checkbox"/>
6/26/2006	23855	2	<input checked="" type="checkbox"/>



MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: ROR

Coal Inspection Tracking System

## Records

### All Required Noise Exposure Records (Reviewed)

Required= Yes

The inspector determined if the operator was maintaining applicable records required by 30 CFR Part 62.110(e), 62.130(a), 62.171(c), 62.180(b), and 62.190.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

### ATRS Certification (Available)

Required= Yes

The inspector determined if the operator had available a certification, by a registered engineer for each ATRS system at the mine, stating that the ATRS system meets the structural capacity as required by 30 CFR 75.209(e)(1) and 75.209(e)(2).

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

### Canopies And Cabs; Self-Propelled Equipment

Required= Yes

The inspector evaluated compliance with 30 CFR 75.1710-1(e) by determining if the operator had evidence of certification by a registered engineer for each canopy or cab system at the mine, stating that it met the required structural capacity.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

### Certifications And Records Of Daily Hoist

Required= Yes

The operator's compliance with recording required examinations required by 30 CFR 75.1400-4 & 77.1404 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/21/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

With [REDACTED] in the hoist in the shop area

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ASR

Coal Inspection Tracking System

# Records

## Clean Up Program

Required= Yes

The inspector reviewed the cleanup program required by 75.400-2 and determined if it was available in written form.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Daily And Monthly Examination Of Ventilation Fans

Required= Yes

The operator's compliance with recording required examinations required by 30 CFR 75.312 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Daily Examination Of Hoist Shaft Sinking

Required= No

The operator's compliance with recording required examinations required by 30 CFR 77.1906 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Daily Inspection of Active Areas (Surface Mine)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1713 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Diesel Exhaust Gas Records (Exceeding The TLV)

Required= No

The operator's compliance with recording Diesel Engine Performance examinations required by 30 CFR 75.1914(g(5)) was evaluated. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Diesel Training And Qualification List

Required= No

The inspector determined if the operator was maintaining records required by 30 CFR Part 75.1915(c).

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: RDA

Coal Inspection Tracking System

# Records

## Electrical Map (Reviewed)

Required= Yes

The inspector reviewed the map of the electrical system required by 30 CFR 75.508 and interviewed the person responsible for its maintenance to determine the location of each electrical unit. The map accuracy was evaluated by comparing the electrical unit locations recorded on the map to actual locations encountered during the inspection.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Emergency Medical Assistance Review

Required= Yes

The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the mine, as required by 30 CFR 75.1713-1 and 77.1702.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Evaluate The Approved Mine Ventilation Plan

Required= Yes

The inspector reviewed the operators currently approved mine ventilation plan required by 75.370(a)(1) and determined if it was suitable to conditions observed in the mine during this inspection. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record For	Shift	Complete
4/23/2006	24024	031-0 MMU	2	<input checked="" type="checkbox"/>
<i>Reviewed only the portion of the approved plan for the 031-0 MMU, approved on 04/21/2006.</i>				
5/2/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

## Evaluate The Approved Roof Control Plan

Required= Yes

The inspector reviewed the operators currently approved roof control plan required by 75.220(a)(1) and evaluated the plan by making on site observation of the effectiveness of controls being installed. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

Date	AR #	Record For	Shift	Complete
5/2/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: *ADR*

Coal Inspection Tracking System

# Records

## **Examinations Of Impoundments**

*Required= No*

The operator's compliance with recording examinations required by 30 CFR 77.216-3 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## **Fire Doors**

*Required= Yes*

The operator's compliance with recording examinations required by 30 CFR 75.1708 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

Date	AR #	Record For	Shift	Complete
6/12/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

## **Fire Suppression Systems/Permanent Diesel Storage**

*Required= No*

The operator's compliance with recording examinations required by 75.1911 and 75.1912 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

## **First-Aid Training Supervisory Employees**

*Required= Yes*

The inspector reviewed MSHA 5000-23 forms at the mine sufficient to determine if training was provided in accordance with 30 CFR 75.1713-3. A representative number of supervisors were polled to determine the quality of the training.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## **Hazardous Conditions Postings And Corrections**

*Required= Yes*

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

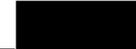
Date	AR #	Record For	Shift	Complete
6/12/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ASD

Coal Inspection Tracking System

# Records

## High Voltage Longwall Equipment

Required= Yes

The operator's compliance with recording of examinations required by 30 CFR 75.821 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Independent Contractor Register

Required= Yes

The inspector reviewed the production operator's independent contractor register required by 30 CFR 45.4(b). Any new data or updates to MSHA's Contractor Database were noted and submitted on MSHA Form 2000-205.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Inspection And Test Of Automatic Fire Sensors

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1103-8 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/21/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

Completed on this date—Checked eash belt drive location and pulled reports.

## Maintenance Record Diesel Engine Performance

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: RDR

Coal Inspection Tracking System

# Records

## Methane Monitor Calibration Test

Required= Yes

The operator's compliance with recording tests required by 30 CFR 75.342(a)(4) was evaluated by reviewing prior records back to the ending date of the last regular safety and health inspection and by polling miners.

Date	AR #	Record For	Shift	Complete
6/21/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Mine Emergency Evacuation and FF Program

Required= Yes

The inspector reviewed mine evacuation drills records required by 30 CFR 75.1502(c)(2) to determine if all miners on all shifts have participated at intervals of not more than 90 days. The effectiveness of the program was evaluated by polling miners on their participation and familiarity with the program.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Mine Map (Reviewed)

Required= Yes

The inspector reviewed the up-to-date mine map required by 30 CFR 75.1200 relative to approved mining methods and gave special attention concerning ventilation controls, air-flow direction and required temporary notations to determine its accuracy.

Date	AR #	Record For	Shift	Complete
4/6/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>
4/13/2006	23591	Lbb Mains	2	<input checked="" type="checkbox"/>
<i>Citations Issued on map---#7243917</i>				
4/21/2006	24024	031-0 MMU	2	<input checked="" type="checkbox"/>
<i>Reviewed 031-0 MMU only.</i>				
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Records

## Monthly Examination Of Surface Electrical Equip

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.502 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Monthly Examination Of Surface HV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.800-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Monthly Examination Of Surface LMV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.900-2). was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Monthly Testing Of UG High Voltage CB

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.800-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: 

Supervisor Initials: *ROR*

Coal Inspection Tracking System

# Records

## Monthly Testing Of UG Low And Medium Voltage CB

Required= Yes

The operator's compliance with examinations required by 30 CFR 75.900-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Movement of HV Power Centers and Transformers

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.812 was evaluated by comparing information recorded in the record book with on site observations and information obtained during discussions with the miners and the mine operator.

## Noise Program ( Reviewed) (Surface)

Required= Yes

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program. Noise surveys were conducted in accordance with current health inspection procedures.

Date	AR #	Record For	Shift	Complete
6/21/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

## Noise Program (Reviewed) (Underground)

Required= Yes

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Operator's Respirable Dust Program (Sur)

Required= Yes

The inspector evaluated the current respirable dust control plan. An onsite evaluation was made c surface locations, miners were polled, and respirable dust samples collected pursuant to current Coal Mine Health Inspection Procedures Handbook.

Date	AR #	Record For	Shift	Complete
6/21/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ASR

Coal Inspection Tracking System

# Records

## Operator's Respirable Dust Program (UG)

Required= Yes

The inspector reviewed records required by the respirable dust control portion of the mine ventilation plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required.

Date	AR #	Record For	Shift	Complete
5/15/2006	24024	031-0 MMU	3	<input checked="" type="checkbox"/>
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Part 47 Hazcom Records

Required= Yes

The inspector reviewed the written HazCom program, material safety data sheets, and chemical inventory.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Part 48 Training Records (5000-23 Forms)

Required= Yes

The inspector reviewed MSHA 5000-23 forms sufficient to determine if required training was provided and discussed the contents of the training with a representative number of workers to evaluate the quality of the training.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Part 49 Training Records (Mine Rescue Teams)

Required= Yes

The inspector reviewed MSHA 5000-23 forms to determine if required training was provided and discussed the contents of the training with mine rescue team members to evaluate the quality of the training.

Date	AR #	Record For	Shift	Complete
6/21/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Records

## Part 50 Records (7000-1 and 7000-2 Forms)

Required= Yes

The inspector reviewed MSHA 7000-1 forms at the mine and compared the information with that submitted to MSHA. The forms were compared to information obtained from miners polled to determine if events were properly reported. The inspector reviewed MSHA 7000-2 forms to determine if they were maintained at the mine office nearest the mine and submitted in a timely manner.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Petitions For Modifications Granted For Mine

Required= Yes

The inspector reviewed petitions for modifications to determine if circumstances under which they were granted were still valid, if they were posted on the mine bulletin board per 30 CFR 44.5(b), and if current petitions are posted per 30 CFR 44.9.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: ADR

Coal Inspection Tracking System

# Records

## **Part 50 Records (7000-1 and 7000-2 Forms)** *Required= Yes*

The inspector reviewed MSHA 7000-1 forms at the mine and compared the information with that submitted to MSHA. The forms were compared to information obtained from miners polled to determine if events were properly reported. The inspector reviewed MSHA 7000-2 forms to determine if they were maintained at the mine office nearest the mine and submitted in a timely manner.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## **Petitions For Modifications Granted For Mine** *Required= Yes*

The inspector reviewed petitions for modifications to determine if circumstances under which they were granted were still valid, if they were posted on the mine bulletin board per 30 CFR 44.5(b), and if current petitions are posted per 30 CFR 44.9.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials: RSR

Coal Inspection Tracking System

# Records

## Preshift & On-Shift Examination

**Required= Yes**

The operator's compliance with recording examinations required by 30 CFR 75.360 & 75.362 were evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
4/6/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>
4/10/2006	20643	Mains Section 009-0	3	<input checked="" type="checkbox"/>
<i>Records examined while conducting a respirable dust survey.</i>				
4/19/2006	24024	031-0 MMU	2	<input checked="" type="checkbox"/>
4/19/2006	24024	L/W No. 16 H.G. Belt	2	<input checked="" type="checkbox"/>
4/20/2006	24024	031-0 MMU	2	<input checked="" type="checkbox"/>
4/21/2006	24024	031-0 MMU	2	<input checked="" type="checkbox"/>
4/22/2006	24024	031-0 MMU	2	<input checked="" type="checkbox"/>
4/23/2006	24024	Entire Mine	2	<input checked="" type="checkbox"/>
5/1/2006	20643	031-0, longwall Bi-monthly sampling.	3	<input checked="" type="checkbox"/>
<i>Records were examined while conducting a respirable dust survey.</i>				
5/4/2006	24024	031-0 MMU	3	<input checked="" type="checkbox"/>
5/5/2006	24024	031-0 MMU	3	<input checked="" type="checkbox"/>
5/6/2006	24024	031-0 MMU	3	<input checked="" type="checkbox"/>
5/7/2006	24024	031-0 MMU EP"s	3	<input checked="" type="checkbox"/>
<i>EP #41, 41-A, 15 Headgate #'s 1&amp;2</i>				
5/7/2006	24024	031-0 MMU	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

*RDR*

Coal Inspection Tracking System

## Records

5/8/2006	24024	031-0 MMU	3	<input checked="" type="checkbox"/>
5/11/2006	24024	031-0 MMU	2	<input checked="" type="checkbox"/>
5/15/2006	24024	031-0 MMU EP's	3	<input checked="" type="checkbox"/>
5/15/2006	24024	031-0 MMU	3	<input checked="" type="checkbox"/>
5/19/2006	24024	031-0 MMU & EP's	2	<input checked="" type="checkbox"/>
5/20/2006	24024	031-0 MMU & EP's	2	<input checked="" type="checkbox"/>
6/15/2006	24024	031-0 MMU	2	<input checked="" type="checkbox"/>
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

### ***Preshift & On-Shift Examination (Slope & Shafts)***

***Required= No***

The operator's compliance with recording examinations required by 30 CFR 77.1901 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

### ***Record Of AMS Alarm Activation***

***Required= Yes***

The AMS signal device or alarm activation records were reviewed back to the ending date of the last regular safety and health inspection to evaluate compliance with 30 CFR 75.351(o).

Date	AR #	Record For	Shift	Complete
4/6/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

### ***Record Of Certified And Qualified Persons Surface***

***Required= Yes***

The inspector reviewed and compared the qualification list required by 30 CFR 75.159 and 77.106 with copies of individual training records.

Date	AR #	Record For	Shift	Complete
6/21/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: [REDACTED]Supervisor Initials: RDR

Coal Inspection Tracking System

# Records

**Record Of Certified And Qualified Persons UG***Required= Yes*

The inspector reviewed and compared the qualification list with copies of individual training records.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

**Record Of Inspections For Thermal Dryers***Required= No*

Thermal dryer control instrument records were reviewed to evaluate compliance with 30 CFR 77.314.

**Recorded Measurements For Initial Rope Stretch***Required= No*

The inspector reviewed the record book and determined if the results of all required measurement were recorded.

**Required Hoist Rope Tests***Required= Yes*

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded

Date	AR #	Record For	Shift	Complete
6/21/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

**Respirable Dust Control Plan (Posted)***Required= Yes*

The inspector reviewed records required by the current respirable dust control plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required by 30 CFR 71.210(b) and 71.301(d)..

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

**Roof Bolt Manufacturer's Certification (Available)***Required= Yes*

The inspector determined if the operator has available a certification per 30 CFR 75.204(a) stating that the roof bolts used at the mine were manufactured in accordance with the specifications of ASTM F432-95.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ADK

Coal Inspection Tracking System

# Records

## Roof Bolt Torque Measurements Recorded

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Roof Control Plan (Available)

Required= Yes

The inspector determined if the current roof control plan per per 30 CFR 75.220(e) was available to the miners and representative of miners at the mine.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Self-Rescue Devices (Records)

Required= Yes

The inspector reviewed the records and determined if the results of all required tests were recorded per 30 CFR 75.1714-3(e). If possible, the inspector determined if the operator followed the manufacturer's test procedures.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Smokers Articles (Program)

Required= Yes

The inspector reviewed any records required by the Smoking Program approved under 30 CFR 75.1702. The inspector compared the records with information obtained from polling the miners and observing the operator implementing the requirements of the Smoking Program.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Surface Bathhouse Waiver (Posted)

Required= No

The inspector determined if the operator posted the current surface bathhouse waiver per 30 CFR 71.403(c).

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Records

## Surface Safety Program Instruction (Posted)

Required= Yes

The inspector determined if the operator maintained a Safety Program of Instruction and posted it in conspicuous places throughout the mine pursuant to 30 CFR 77.1708.

Date	AR #	Record For	Shift	Complete
6/21/2006	23591	Entire Mine	2	<input checked="" type="checkbox"/>

## Test Of Hoist Safety Catches

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1400-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Tests Of Fire Hydrants And Fire Hose

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1103-11 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Trolley Overcurrent Protection Tests/Examinations

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1001-1 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Ventilation Plan (Posted)

Required= Yes

The inspector determined if proposed and current ventilation plans or revisions were posted on the mine bulletin board as required by 30 CFR 75.370(a)(3)(iii) and 75.370(f)(3).

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Records

## Weekly Examination For Methane And Hazards

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.364 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
4/6/2006	23591	1 South side	2	<input checked="" type="checkbox"/>
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Weekly Examination Record Of Diesel Equipment

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1914(f)(2) was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

## Weekly Inspection Of Fire Suppression Devices

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1107-16 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

## Weekly Tests Of Underground Electrical Equipment

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.512 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: \_\_\_\_\_

Coal Inspection Tracking System

# Records

## ***X-Ray Plan*** *Required= Yes*

The inspector reviewed and compared the X-Ray Plan agreement with the information posted at the mine.

Date	AR #	Record For	Shift	Complete
6/26/2006	23855	Entire Mine	2	<input checked="" type="checkbox"/>



MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

*hjh*

Coal Inspection Tracking System

## Surface

### ***Aerial Tramways***

*Required= No*

An inspection was conducted of all aerial tramways for existing and potential hazards, including: structure condition, guarding, accumulations, lighting, electrical installation, and fire protection.

### ***All Shifts (Surface)***

*Required= No*

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

### ***Auger Openings***

*Required= No*

Auger openings were inspected for potential hazards.

### ***Blasting Practices (Surface)***

*Required= No*

An inspection was conducted of all areas where explosives were being used on mine property, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

### ***Coal Stock Pile***

*Required= No*

Coal stockpiles were inspected for potential hazards such as fires or persons working in close proximity to active underground feeders.

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDP

Coal Inspection Tracking System

# Surface

## Communications Installations

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
4/13/2006	23591	Office	2	<input checked="" type="checkbox"/>
4/13/2006	23591	belt heads	2	<input checked="" type="checkbox"/>
4/13/2006	23591	mantrips	2	<input checked="" type="checkbox"/>
4/13/2006	23591	Office	2	<input checked="" type="checkbox"/>
6/26/2006	23855	UBB	2	<input checked="" type="checkbox"/>

## Draw-Off Tunnels

Required= No

An inspection was conducted of draw-off tunnels for existing and potential hazards, such as fire hazards, accumulations, and inadequate escapeways, air quality, guarding, and ventilation.

## Drilling Practices

Required= No

An inspection was conducted of all drill sites on mine property and the inspector observed a complete drilling cycle to evaluate work practices, examination of equipment, safe access, equipment condition accumulation of combustible materials, fire protection, and noise and respirable dust controls.

## Dumping Facilities

Required= No

An inspection was conducted of conditions and practices at all dumping facilities in accordance with guidance provided in the Dump Point Inspection Handbook, including the adequacy of stop blocks, berms, access road grades, warning signs, posted speed limits, and the presence of stress cracks.

## Electrical Installation

Required= Yes

An inspection was conducted of all electrical installations for existing and potential hazards, such as: structure condition, guarding, accumulations, lighting, fire protection, safety devices, and safe access

Date	AR #	Location	Shift	Complete
4/5/2006	23591	Jarrels Branch Fan	2	<input checked="" type="checkbox"/>
5/23/2006	23591	surface	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: RDR

Coal Inspection Tracking System

# Surface

### Equipment

Required= No

An inspection was conducted of each piece of in-use or available-for-use equipment to determine if hazards or potential hazards existed. The inspection evaluated compliance with applicable standards including: safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables, wiring, and circuit protection. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

### Escapeways

Required= No

An inspection was conducted of all work areas to determine if escapeways were adequate. The inspection evaluated compliance with applicable standards for safe access, lighting, escapeway maintenance, and included discussions with miners working in each area.

### Explosives Storage

Required= No

An inspection was conducted of all areas where explosives were stored on mine property, including: an observation of storage security, combustible materials, handling, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

### Fire Fighting Equipment Surface

Required= Yes

An inspection was conducted of all surface fire fighting equipment, including an evaluation of: equipment maintenance, placement for safe access if needed, and equipment identification.

Date	AR #	Location	Shift	Complete
5/23/2006	23591	shop	2	<input checked="" type="checkbox"/>
5/23/2006	23591	surface	2	<input checked="" type="checkbox"/>

### Fuel Storage

Required= Yes

An inspection was conducted of all areas where fuel was being stored for compliance with applicable standards including: safe access, combustible materials, handling, and fire protection.

Date	AR #	Location	Shift	Complete
5/23/2006	23591	surface	2	<input checked="" type="checkbox"/>

### Ground Control

Required= No

The inspector evaluated compliance with the current ground control plan. The inspector also evaluated the adequacy of the plan for conditions and polled the operator and miners as to their knowledge of the plan.

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Surface

## Haulage Facilities (Including Belts)

Required= No

An inspection was conducted of each haulage facility to determine compliance with applicable standards, including: safe access, guards, equipment condition, fire hazards, combustible materials, fire protection, and electrical installations.

## High Walls And Spoil Banks

Required= No

An inspection was conducted of high walls and spoil banks in all active areas for existing and potential hazards, such: loose material, over hanging rock, or unstable spoil banks.

## Hoisting Equipment

Required= Yes

An inspection was conducted of all hoisting equipment to determine compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installations, rope condition, fire protection, safety devices, and safe access.

Date	AR #	Location	Shift	Complete
5/23/2006	23591	shop	2	<input checked="" type="checkbox"/>

## Illumination Of Work Areas

Required= Yes

An inspection was conducted of all work areas to evaluate illumination adequacy. The evaluation included observation of lighting and information obtained from polling miners.

Date	AR #	Location	Shift	Complete
5/23/2006	23591	shop	2	<input checked="" type="checkbox"/>
5/23/2006	23591	surface	2	<input checked="" type="checkbox"/>

## Methane Tests In Required Locations (Surface)

Required= No

The inspector conducted a test for methane in all structures and areas where there was a potential for a hazardous accumulations of methane.

## Non-Major Construction Sites

Required= No

All independent contractors encountered at non-major construction sites were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-206 (inspection notes page) was completed and submitted as part of the inspection report.

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

*ROR*

Coal Inspection Tracking System

# Surface

### **Other Places Where Miners Work Or Travel**

*Required= Yes*

Other work areas and travelways were inspected for compliance with applicable standards, including: observations of work practices, illumination, safe access, combustible material accumulations, workplace maintenance, and air quality.

Date	AR #	Location	Shift	Complete
4/20/2006	24024	Mantrip Stations	2	<input checked="" type="checkbox"/>
5/23/2006	23591	shop	2	<input checked="" type="checkbox"/>

### **Potable Water (Surface)**

*Required= Yes*

The inspector determined if potable water was made available. This evaluation included information obtained from the miners and the operator.

Date	AR #	Location	Shift	Complete
4/23/2006	24024	Mantrip Stations	2	<input checked="" type="checkbox"/>
5/4/2006	24024	Office	3	<input checked="" type="checkbox"/>
5/23/2006	23591	Office	2	<input checked="" type="checkbox"/>

### **Preparation Plant**

*Required= No*

An inspection was conducted of all preparation plants for compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, and safe access.

### **Refuse Pile And Impoundments**

*Required= No*

The inspector made an inspection in accordance with the Coal Mine Impoundment Inspection Procedures Handbook to determine compliance with applicable standards, including: safe access, berms, proximity to underground mines, drainage, combustible materials around site, equipment condition, and fire protection. A comparison was made between the operator's examination records and the inspector's observations.

### **Safety Talks With Surface Crews**

*Required= No*

The inspector held safety discussions with miners at the mine, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

MineID: 4608436 Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: RDR

Coal Inspection Tracking System

# Surface

## Sanitary Facilities (Bathhouse)

Required= Yes

An inspection was conducted of all sanitary facilities for compliance with applicable standards, including attention to: location, structure, cleanliness, safe access, and compliance with a bathing facilities waiver.

Date	AR #	Location	Shift	Complete
6/26/2006	23855	UBB	2	<input checked="" type="checkbox"/>

## Shop

Required= Yes

An inspection was conducted of all shops to determine compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

Date	AR #	Location	Shift	Complete
6/26/2006	23855	UBB	2	<input checked="" type="checkbox"/>

## Surface First Aid Kit

Required= Yes

An inspection was conducted of all surface first-aid kits.

Date	AR #	Location	Shift	Complete
5/23/2006	23591	shop	2	<input checked="" type="checkbox"/>

## Thermal Dryer

Required= No

An inspection was conducted of all thermal dryers for compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

## Travelways And Active Roadways

Required= No

An inspection was conducted of all travelways and active roadways for compliance with applicable standards, including attention to: road grades and design, visibility, and traffic control.

Date	AR #	Location	Shift	Complete
4/20/2006	24024	Mantrip Stations	2	<input checked="" type="checkbox"/>
6/26/2006	23855	UBB	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ADL

Coal Inspection Tracking System

# Surface

## Ventilation Facilities

Required= Yes

An inspection was conducted of all ventilation facilities for compliance with applicable standards, including attention to: airway heaters, safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, and circuit capacity.

Date	AR #	Location	Shift	Complete
5/23/2006	23591	surface	2	<input checked="" type="checkbox"/>



MineID: 4608436

Event Number: 4111118

Inspector(s) Initials: [REDACTED]

Supervisor Initials: R.D.H.

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
4/5/2006		2	23591	Jarrells Branch Fan		363,977	20.4	0.1			<input checked="" type="checkbox"/>	M2323
				Analysis by Laboratory-----471,714 cubic feet of methane in 24 hours								
4/6/2006		2	23591	EP-20		23,422	20.8	0.0			<input type="checkbox"/>	
4/6/2006		2	23591	EP 20A		5,832	20.8	0.0			<input type="checkbox"/>	
4/6/2006		2	23591	EP 33		5,022	20.8	0.0			<input type="checkbox"/>	
4/6/2006		2	23591	EP 22		1,836	20.8	0.0			<input type="checkbox"/>	
4/6/2006		2	23591	ep-40		2,667	20.8	0.0			<input type="checkbox"/>	
4/6/2006		2	23591	Ep-41		7,242	20.8	0.0			<input type="checkbox"/>	
4/6/2006		2	23591	Ep-41							<input type="checkbox"/>	
				Air Movement pe <span style="background-color: black; color: black;">[REDACTED]</span>								
4/10/2006	17:10	3	20643	Last open crosscut reading	280	45,080	21.0	0.0	0.0	0.0	<input type="checkbox"/>	
4/10/2006	17:25	3	20643	No.1 entry Mains Section	112	14,896	21.0	0.0	0.0	0.0	<input type="checkbox"/>	
				Reading taken while conducting a respirable dust survey. No.1 and No. 2 entries are intaking.								

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Event Number: 4111118

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
4/10/2006	17:30	3	20643	No.1 entry Mains Section, intake	138	19,872	21.0	0.0	0.0	0.0	<input type="checkbox"/>	
4/13/2006		2	23591	EP-54 LBB area		6,510					<input type="checkbox"/>	
4/13/2006		2	23591	Ep-54 Air exiting the pillar area Of LBB mains		6,510	20.9	0.0			<input type="checkbox"/>	
4/13/2006		2	23591	EP-53 Air entering		18,673	20.9	0.0			<input type="checkbox"/>	
4/13/2006		2	23591	EP-52 Air entering		453	20.9	0.0			<input type="checkbox"/>	
4/13/2006		2	23591	ep-53 LBB area		18,673					<input type="checkbox"/>	
4/13/2006		2	23591	EP-52 LBB area		453					<input type="checkbox"/>	
4/19/2006		2	23591	009-0 return		38,759	20.8	0.1			<input type="checkbox"/>	
4/19/2006		2	23591	intake		44,558	20.8	0.0			<input type="checkbox"/>	
4/19/2006		2	23591	LOB—009-0		38,759	20.8	0.1			<input type="checkbox"/>	
4/19/2006	12:45	2	24024	Shield #17	665		20.8	0.0			<input type="checkbox"/>	
4/19/2006	13:00	2	24024	Shield #160	241		20.8	0.0			<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials:



Supervisor Initials:

PDR

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
4/20/2006	8:00	2	24024	031-0 Belt Tail	161	26,404	20.8	0.0			<input type="checkbox"/>	
4/20/2006	8:10	2	24024	L.O.B. 031-0	272	45,628	20.8	0.0			<input type="checkbox"/>	
4/20/2006	8:15	2	24024	Shield #17 031-0	595		20.8	0.0			<input type="checkbox"/>	
4/20/2006	8:25	2	24024	Shield # 87 031-0	541		20.8	0.0			<input type="checkbox"/>	
4/20/2006	8:30	2	24024	Shield #128 031-0	390		20.8	0.0			<input type="checkbox"/>	
4/20/2006	8:35	2	24024	Shield #160 031-0	258		20.8	0.0			<input type="checkbox"/>	
4/20/2006	11:00	2	24024	Shield #17	583		20.8	0.0			<input type="checkbox"/>	
4/20/2006	11:50	2	24024	Shield #70 031-0	240		20.8	0.0			<input type="checkbox"/>	
4/20/2006	12:25	2	24024	Shield #100 031-0	263		20.8	0.0			<input type="checkbox"/>	
4/20/2006	13:00	2	24024	Shield #160 031-0	225		20.8	0.0			<input type="checkbox"/>	
4/21/2006		2	23591	lob--031-0		85,097					<input type="checkbox"/>	
4/21/2006		2	23591	shield 17	655						<input type="checkbox"/>	
4/21/2006		2	23591	shield-72	300						<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials:



Supervisor Initials:

*ASL*

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
4/21/2006		2	23591	shield-160	272						<input type="checkbox"/>	
4/21/2006	7:15	2	24024	L.O.B. 031 MMU	285	47,666	20.8	0.0			<input type="checkbox"/>	
4/21/2006	7:20	2	24024	Belt Tail of 031-0 MMU	138	22,632	20.8	0.0			<input type="checkbox"/>	
4/21/2006	7:30	2	24024	Shield #17	623		20.8	0.0			<input type="checkbox"/>	
4/21/2006	10:25	2	24024	Shield #160	253		20.8	0.0			<input type="checkbox"/>	
4/21/2006	12:30	2	24024	Shield #17	632		20.8	0.0			<input type="checkbox"/>	
4/21/2006	13:10	2	24024	Shield #160	300		20.8	0.0			<input type="checkbox"/>	
4/22/2006		2	23591	shield-160	300						<input type="checkbox"/>	
4/22/2006		2	23591	lob-031-0		77,765					<input type="checkbox"/>	
4/22/2006		2	23591	shield-160	292						<input type="checkbox"/>	
4/22/2006		2	23591	shield-17	652						<input type="checkbox"/>	
4/22/2006		2	23591	shield-17	680						<input type="checkbox"/>	
4/22/2006		2	23591	shield-99	303						<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
4/22/2006	7:00	2	24024	L.O.B. 031-0	325	54,356	20.8	0.0			<input type="checkbox"/>	
4/22/2006	7:05	2	24024	Belt Tail 031-0 MMU	145	23,780	20.8	0.0			<input type="checkbox"/>	
4/22/2006	7:40	2	24024	Shield #17	800		20.8	0.0			<input type="checkbox"/>	
4/22/2006	10:20	2	24024	Shield #160	280	21,000	20.8	0.0			<input type="checkbox"/>	
4/22/2006	11:55	2	24024	Shield #17	703		20.8	0.0			<input type="checkbox"/>	
4/22/2006	12:15	2	24024	Shield #160	320		20.8	0.0			<input type="checkbox"/>	
4/23/2006		2	23591	Shield--160 After vent change---at the time of this measurment the tail had been cut toward the headgate side.	237						<input type="checkbox"/>	
4/23/2006		2	23591	shield--93 After vent. Change	299						<input type="checkbox"/>	
4/23/2006		2	23591	shield--36 After vent. Change	447						<input type="checkbox"/>	
4/23/2006		2	23591	shield--17 Measurements after ventilation change on midnight shift 04-23-2006	895						<input type="checkbox"/>	
4/23/2006		2	23591	lob--031-0		87,115					<input type="checkbox"/>	
4/23/2006	9:10	2	24024	Belt Tail 031-0 MMU	120	19,680	20.8	0.0			<input type="checkbox"/>	

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Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

## Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
4/23/2006	9:10	2	24024	L.O.B. 031-0 MMU @ CC #18	365	61,046	20.8	0.0			<input type="checkbox"/>	
4/23/2006	9:25	2	24024	Shield #17 031-0 MMU	810		20.8	0.0			<input type="checkbox"/>	
4/23/2006	9:45	2	24024	Shield #160 031-0 MMU	276		20.8	0.0			<input type="checkbox"/>	
4/23/2006	12:00	2	24024	EP 41	1746	2,095	20.8	0.0			<input type="checkbox"/>	M0433
4/23/2006	12:15	2	24024	EP 41-A No 1 Entry	53	9,010	20.8	0.0			<input type="checkbox"/>	M0434
4/23/2006	12:25	2	24024	EP #41-A 2 Entry	80	10,400	20.8	0.0			<input type="checkbox"/>	
5/1/2006	16:45	3	20643	Intake outby the stage loader. The intake to longwall is the total of the intake entry reading and belt entry air reading to the longwall. Combined total was 75, 265 CFM. FPM reading at #17 jack was 607 and the FPM at #160 jack was 261.	324	46,656	0.0	20.8	0.0	0.0	<input type="checkbox"/>	
5/1/2006	16:50	3	20643	Belt entry outby the stage loader. Belt air used to ventilate the longwall face.	130	28,600	20.8	0.0	0.0	0.0	<input type="checkbox"/>	
5/1/2006	20:00	3	20643	Intake reading outby the stage loader. Intake to the longwall is the combined total of the intake reading and the belt entry air reading. Total intake 76,644. FPM read at #17 sheild was 615 and the FPM # 160 sheild was 285.	351	50,514	0.0	20.8	0.0	0.0	<input type="checkbox"/>	
5/1/2006	20:05	3	20643	Belt entry outby the stage loader Belt air used to ventilate the longwall face.	130	26,130	28.0	0.0	0.0	0.0	<input type="checkbox"/>	
5/4/2006		2	23591	lob--031-0		76,554	20.9	0.0			<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
5/4/2006		2	23591	shield # 17	547						<input type="checkbox"/>	
5/4/2006		2	23591	shield--160	330						<input type="checkbox"/>	
5/4/2006	17:35	3	24024	L.O.B. 031-0	283	48,393	20.8	0.0			<input type="checkbox"/>	
5/4/2006	17:40	3	24024	Belt Tailpiece 031-0 MMU	128	27,520	20.8	0.0			<input type="checkbox"/>	
5/4/2006	17:45	3	24024	Shield #17 031-0 MMU	592	49,728	20.8	0.0			<input type="checkbox"/>	
5/4/2006	18:00	3	24024	Shield #160 031-0 MMU	312	28,392	20.8	0.0			<input type="checkbox"/>	
5/5/2006		2	23591	lob--031-0		94,730	20.9	0.0			<input type="checkbox"/>	
5/5/2006		2	23591	shield # 160	327						<input type="checkbox"/>	
5/5/2006	16:45	3	24024	L.O.B. 031-0 MMU	332	56,772	20.8	0.0			<input type="checkbox"/>	
5/5/2006	16:50	3	24024	)31-0 Belt Tail	135	28,350	20.8	0.0			<input type="checkbox"/>	
5/5/2006	16:55	3	24024	Shield #17	462	35,574	20.8	0.0			<input type="checkbox"/>	
5/5/2006	19:35	3	24024	Shield #160	254	28,194	20.8	0.0			<input type="checkbox"/>	
5/6/2006		2	23591	shield # 17	547						<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials:



Supervisor Initials:

ADR

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
5/6/2006		2	23591	shield # 64	310						<input type="checkbox"/>	
5/6/2006		2	23591	shield # 17	510						<input type="checkbox"/>	
5/6/2006		2	23591	shield # 69	225						<input type="checkbox"/>	
5/6/2006		2	23591	shield # 109	221						<input type="checkbox"/>	
5/6/2006		2	23591	shield # 160	314						<input type="checkbox"/>	
5/6/2006		2	23591	lob--031-0		76,230	20.9	0.0			<input type="checkbox"/>	
5/6/2006	17:05	3	24024	L.O.B. 031-0 MMU	348	59,508	20.8	0.0			<input type="checkbox"/>	
5/6/2006	17:10	3	24024	031-0 Belt Tail	160	30,240	20.8	0.0			<input type="checkbox"/>	
5/6/2006	17:50	3	24024	Shield #17 031-0 MMU	518	43,512	20.8	0.0			<input type="checkbox"/>	
5/6/2006	18:00	3	24024	Shield #80 031-0 MMU	340		20.8	0.0			<input type="checkbox"/>	
5/6/2006	18:05	3	24024	Shield #160 031-0 MMU	286	28,028	20.8	0.0			<input type="checkbox"/>	
5/7/2006	16:35	3	24024	L.O.B. 031-0 MMU	340	58,140	20.8	0.0			<input type="checkbox"/>	
5/7/2006	16:40	3	24024	031-0 Belt Tail	167	25,551	20.8	0.0			<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
5/7/2006	16:50	3	24024	Shield #17	557		20.8	0.0			<input type="checkbox"/>	
5/7/2006	19:00	3	24024	Shield #160	325		20.8	0.0			<input type="checkbox"/>	
5/8/2006		2	23591	lob--031-0		98,022					<input type="checkbox"/>	
5/8/2006		2	23591	shield # 031-0	313						<input type="checkbox"/>	
5/8/2006	19:45	3	24024	L.O.B. 031-0 MMU	330	56,430	20.8	0.0			<input type="checkbox"/>	
5/8/2006	19:50	3	24024	031-0 Belt Tail	165	28,875	20.8	0.0			<input type="checkbox"/>	
5/8/2006	19:55	3	24024	Shield #17 031-0 MMU	495	38,115	20.8	0.0			<input type="checkbox"/>	
5/11/2006	7:15	2	24024	L.O.B. 031-0 MMU	384	72,576	20.8	0.0			<input type="checkbox"/>	
5/11/2006	7:20	2	24024	Belt Tail 031-0 MMU	198	35,640	20.8	0.0			<input type="checkbox"/>	
5/11/2006	7:30	2	24024	Shield #17	750	66,000	20.8	0.0			<input type="checkbox"/>	
5/11/2006	7:40	2	24024	Shield #160	554	42,658	20.8	0.0			<input type="checkbox"/>	
5/11/2006	12:05	2	24024	Shield #85	466	39,144	20.8	0.0			<input type="checkbox"/>	
5/11/2006	13:20	2	24024	Shield #103	430	41,280	20.8	0.0			<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials: 

Supervisor Initials: ROR

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
5/7/2006	16:50	3	24024	Shield #17	557		20.8	0.0			<input type="checkbox"/>	
5/7/2006	19:00	3	24024	Shield #160	325		20.8	0.0			<input type="checkbox"/>	
5/8/2006		2	23591	lob-031-0		98,022					<input type="checkbox"/>	
5/8/2006		2	23591	shield # 031-0	313						<input type="checkbox"/>	
5/8/2006	19:45	3	24024	L.O.B. 031-0 MMU	330	56,430	20.8	0.0			<input type="checkbox"/>	
5/8/2006	19:50	3	24024	031-0 Belt Tail	165	28,875	20.8	0.0			<input type="checkbox"/>	
5/8/2006	19:55	3	24024	Shield #17 031-0 MMU	495	38,115	20.8	0.0			<input type="checkbox"/>	
5/11/2006	7:15	2	24024	L.O.B. 031-0 MMU	384	72,576	20.8	0.0			<input type="checkbox"/>	
5/11/2006	7:20	2	24024	Belt Tail 031-0 MMU	198	35,640	20.8	0.0			<input type="checkbox"/>	
5/11/2006	7:30	2	24024	Shield #17	750	66,000	20.8	0.0			<input type="checkbox"/>	
5/11/2006	7:40	2	24024	Shield #160	554	42,658	20.8	0.0			<input type="checkbox"/>	
5/11/2006	12:05	2	24024	Shield #85	466	39,144	20.8	0.0			<input type="checkbox"/>	
5/11/2006	13:20	2	24024	Shield #103	430	41,280	20.8	0.0			<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials: [REDACTED]

Supervisor Initials: ADR

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
5/15/2006		2	23591	No 4 return North Drift		141,440	20.9	0.0			<input checked="" type="checkbox"/>	K2108
5/15/2006		2	23591	N0 2 North Track entry		10,440	20.9	0.0			<input checked="" type="checkbox"/>	M1095
5/15/2006		2	23591	N0 1 South Entry drift		3,960	20.9	0.0			<input checked="" type="checkbox"/>	J7699
5/15/2006		2	23591	N0 2 South Track entry drift		11,050	20.9	0.0			<input checked="" type="checkbox"/>	K0547
5/15/2006		2	23591	N0 3 South entry drift		6,120	20.9	0.0			<input checked="" type="checkbox"/>	M1096
5/15/2006		2	23591	N0 5 south entry (old fan entry)		11,000	20.9	0.0			<input checked="" type="checkbox"/>	M1098
5/15/2006	19:00	3	24024	Shield #86	395	35,945	20.8	0.0			<input type="checkbox"/>	
5/15/2006	19:30	3	24024	Shield #160	525	40,950	20.8	0.0			<input type="checkbox"/>	
5/15/2006	20:05	3	24024	L.O.B. 031-0 MMU	490	79,135	20.8	0.0			<input type="checkbox"/>	
5/15/2006	20:10	3	24024	Belt Tail 031-0 MMU	135	24,705	20.8	0.0			<input type="checkbox"/>	
5/15/2006	20:20	3	24024	Shield #17	1040	99,840	20.8	0.0			<input type="checkbox"/>	
5/18/2006		2	23591	lob--009-0		57,600					<input type="checkbox"/>	
5/18/2006		2	23591								<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials: [REDACTED]

Supervisor Initials: ASR

Coal Inspection Tracking System

# Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
5/19/2006	7:40	2	24024	031-0 Belt Tail	193	37,442	20.8	0.0			<input type="checkbox"/>	
5/19/2006	7:45	2	24024	L.O.B. 031-0	535	86,403	20.8	0.0			<input type="checkbox"/>	
5/19/2006	7:55	2	24024	#17 Shield 31-0	695	62,550	20.8	0.0			<input type="checkbox"/>	
5/19/2006	8:00	2	24024	# 88 Shield 031-0	572	34,320	20.8	0.0			<input type="checkbox"/>	
5/19/2006	8:15	2	24024	# 160 Shield 031-0	490	57,624	20.8	0.0			<input type="checkbox"/>	
5/19/2006	8:15	2	24024	# 160 Just traverse painline	578	25,432	20.8	0.0			<input type="checkbox"/>	
5/19/2006	8:20	2	24024	# 160 just traverse walkway	400	13,200	20.8	0.0			<input type="checkbox"/>	
5/19/2006	10:45	2	24024	# 160 Shield	540	45,360	20.8	0.0			<input type="checkbox"/>	
5/20/2006	7:30	2	24024	031-0 Belt Tail	165	30,195	20.8	0.0			<input type="checkbox"/>	
5/20/2006	7:35	2	24024	L.O.B. 031-0	525	80,325	20.8	0.0			<input type="checkbox"/>	
5/20/2006	7:40	2	24024	# 17 Shield	995	71,640	20.8	0.0			<input type="checkbox"/>	
5/20/2006	7:45	2	24024	# 18 Shield	540	32,400	20.8	0.0			<input type="checkbox"/>	
5/20/2006	7:55	2	24024	# 160 Shield	548	53,704	20.8	0.0			<input type="checkbox"/>	

MineID: 4608436

Event Number: 4111118

Inspector(s) Initials: [REDACTED]

Supervisor Initials: ASR

Coal Inspection Tracking System

# Air Quality/Quantity

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Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	O2	CH4	CO	NO2	TL Sample	Bottle #
6/15/2006	9:25	2	24024	L.O.B. 031-0 MMU	430	72,240	20.8	0.0			<input type="checkbox"/>	
6/15/2006	9:35	2	24024	031-0 Belt Tail	205	33,313	20.8	0.0			<input type="checkbox"/>	
6/15/2006	9:45	2	24024	#17 Shield	1175	85,600	20.8	0.0			<input type="checkbox"/>	
6/15/2006	9:50	2	24024	88 Shield	583	45,474	20.8	0.0			<input type="checkbox"/>	
6/15/2006	10:00	2	24024	#160 Shield	540	35,640	20.8	0.0			<input type="checkbox"/>	



MineID: 4608436    Event Number: 4111118    Activity Code: E01    Inspector(s) Initials: [REDACTED]    Supervisor Initials: RDL

Coal Inspection Tracking System

**Underground MMU**    *Inspection Progress - All MMU's for this Mine ID and Event*

**Air Measurements Taken**

*Required= Yes*

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
4/10/2006	20643		3	<input checked="" type="checkbox"/>
		Last open crosscut reading. Between the No.5 & No.6 entrise. Intake reading No.1 entry.		
4/19/2006	23591	009-0	2	<input checked="" type="checkbox"/>
5/18/2006	23591	009-0	2	<input checked="" type="checkbox"/>
4/19/2006	24024	031-0	2	<input checked="" type="checkbox"/>
		Shield #17 665 FPM, Shield #160 241 FPM, L.O.B. 28,497 CFM		
4/20/2006	24024	031-0	2	<input checked="" type="checkbox"/>
		L.O.B., Shields #17 & 160		
6/15/2006	24024	031-0	2	<input checked="" type="checkbox"/>

**All Shifts (Working Section)**

*Required= Yes*

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/13/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
		A 107 A order was issued and this section has been shut down as of this date of 07-05-2006 and will be down for another 3 weeks		
4/22/2006	23591	031-0	2	<input checked="" type="checkbox"/>
5/4/2006	24024	031-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ADL

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## **Blasting Practices (Working Section)**

*Required= No*

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms

## **Boreholes In Advance Of Mining**

*Required= No*

The operator's compliance with plans approved under 30 CFR 75.388 and 75.389 shall be evaluated by the inspector. Discussions shall be conducted with affected miners and mine supervisors to evaluate their familiarity with plan requirements.

## **Communication Installations Checked**

*Required= Yes*

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lightning protection, proper operation, and safe access.

Date	AR #	Location	Shift	Complete
4/19/2006	23591	009-0	2	<input checked="" type="checkbox"/>
4/21/2006	23591	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ADL

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
4/10/2006	20643	009-0	3	<input checked="" type="checkbox"/>
Respirable dust survey, 7 pumps, 6 on occupations 1 intake air sample. Walking miner 2 operators. Also a walking roof bolting crew, 1 crew.				
4/22/2006	23591	030-0	2	<input checked="" type="checkbox"/>
4/20/2006	24024	031-0	2	<input checked="" type="checkbox"/>
Tech Support took samples. They also used the PDM.				
4/21/2006	23591	031-0	2	<input checked="" type="checkbox"/>
4/22/2006	24024	031-0	2	<input checked="" type="checkbox"/>
5/1/2006	20643	031-0	3	<input checked="" type="checkbox"/>
Bi-monthly sampling on 031-0 MMU, Longwall. 6 pumps run, 5 on occupation 1 On 831-0 belt DA.				
5/15/2006	24024	031-0	3	<input checked="" type="checkbox"/>
Run dust samples.				
7/5/2006	20643	031-0	3	<input checked="" type="checkbox"/>
Respirable dust survey 031-0, Longwall, 6 pumps run, 5 On occupations and 1 belt DA. Survey was not completed due to the fact that the inspector conducting the survey got and had to be leave the mine site by ambulance.				

## Compliance With Hearing Conservation Plans

Required= No

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with the Coal Health Inspection Procedures Handbook.

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RSR

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

Date	AR #	Location	Shift	Complete
4/19/2006	23591	009-0	2	<input checked="" type="checkbox"/>
4/19/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/20/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/21/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/22/2006	24024	031-0	2	<input checked="" type="checkbox"/>
5/1/2006	20643	031-0	3	<input checked="" type="checkbox"/>
5/1/2006	20643	031-0	3	<input checked="" type="checkbox"/>

On-shift examination of the longwall face was made with the section foreman, Ben Dulin, while conducting a respirable survey. Initials, times and dates of the pre-shift examiner were observed.

## Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/27/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
No longer in operation due to a 107 A order				
4/22/2006	23591	031-0	2	<input checked="" type="checkbox"/>
5/4/2006	24024	031-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ADP

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working places on the active working section were inspected to determine if imminent dangers existed.

Date	AR #	Location	Shift	Complete
4/19/2006	23591	009-0	2	<input checked="" type="checkbox"/>
5/18/2006	23591	009-0	2	<input checked="" type="checkbox"/>
4/19/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/20/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/21/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/22/2006	24024	031-0	2	<input checked="" type="checkbox"/>

## Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/13/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
6/27/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
This was not checked due to a 107 A order being issued and remains in effect.				
4/19/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/21/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/22/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/23/2006	23591	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Date	AR #	Location	Shift	Complete
4/23/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
5/4/2006	24024	031-0	3	<input checked="" type="checkbox"/>

## Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Date	AR #	Location	Shift	Complete
4/19/2006	23591	009-0	2	<input checked="" type="checkbox"/>
4/19/2006	24024	031-0 0.0% CH <sub>4</sub> , 20.8% O <sub>2</sub> along the face line.	2	<input checked="" type="checkbox"/>
4/20/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/21/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/22/2006	24024	031-0	2	<input checked="" type="checkbox"/>

## Location Of Last Open Crosscut

Required= Yes

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR #	Location	Shift	Complete
4/19/2006	23591	009-0	2	<input checked="" type="checkbox"/>
4/23/2006	24024	031-0 L.O.B. @ CC #18	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: Supervisor Initials: *RSR*

Coal Inspection Tracking System

**Underground MMU***Inspection Progress - All MMU's for this Mine ID and Event***Mining Cycle Observed And Method Listed***Required= Yes*

The inspector observed the complete mining cycle on the working section; including the loading and detonation of explosives on conventional working sections or mines that blast from the solid.

Date	AR #	Location	Shift	Complete
4/10/2006	20643	009-0	3	<input checked="" type="checkbox"/>
4/10/2006	20643	009-0	3	<input checked="" type="checkbox"/>
6/27/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
Nbot checked due to a 107 A order issued on 06-13-2006 that remains in effect as of 07-05-2006				
4/23/2006	23591	031-0	2	<input checked="" type="checkbox"/>
5/1/2006	20643	031-0	3	<input checked="" type="checkbox"/>
5/1/2006	20643	031-0	3	<input checked="" type="checkbox"/>
Mining cycle was observed while conducting a respirable dust survey.				

**Observed Haulage Practices***Required= Yes*

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/27/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
Not observed due to 107 A order that was issued on 06-13-2006 and is still in effect.				
4/23/2006	23591	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Potable Water (Working Section)

Required= Yes

The inspector determined if potable water was available. This evaluation included information obtained from the miners and the operator concerning availability of potable water.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/12/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
4/20/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/21/2006	23591	031-0	2	<input checked="" type="checkbox"/>
4/23/2006	23591	031-0	2	<input checked="" type="checkbox"/>

## Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/12/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
4/19/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/20/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/21/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/22/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/23/2006	23591	031-0	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: *ADK*

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
Samples were collected				
4/19/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/21/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/22/2006	24024	031-0	2	<input checked="" type="checkbox"/>

## Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. Locations where samples were not previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/13/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>

Samoles were not collected due to a 107 A order that was issued and is still in effect.

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: 

Supervisor Initials: *RDR*

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

Date	AR #	Location	Shift	Complete
4/19/2006	23591	009-0	2	<input checked="" type="checkbox"/>
4/19/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/20/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/21/2006	24024	031-0	2	<input checked="" type="checkbox"/>
4/22/2006	24024	031-0	2	<input checked="" type="checkbox"/>

## Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/13/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
4/21/2006	24024	031-0	2	<input checked="" type="checkbox"/>
Had safety talk with this crew of Ben Dulin, Foreman, discussed roof control and the new ventilation, methane, dust control plan for this MMU.				
4/23/2006	23591	031-0	2	<input checked="" type="checkbox"/>
5/4/2006	24024	031-0	3	<input checked="" type="checkbox"/>
Discussed proper doneing of the CSE 100 SCSR with the evening crew.				
6/15/2006	24024	031-0	2	<input checked="" type="checkbox"/>

Discuss the dust on the 03-0 MU with the crew. They said that it is much better and the parameters were doing good job. Company was conducting the required dust samples, were in process of collecting the 3rd. Sample this week #835176 on the tal shearer operator.

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

## Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

Date	AR #	Location	Shift	Complete
6/23/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/23/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
Not checked due to a 107 A order that was issued on 06-13-2006 that is still in effect				
4/23/2006	23591	031-0	2	<input checked="" type="checkbox"/>
5/4/2006	24024	031-0	3	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: [REDACTED]Supervisor Initials: RDR

Coal Inspection Tracking System

**Underground MMU** *Inspection Progress - All MMU's for this Mine ID and Event***Section Equipment (Including Face Equipment)**

Required= Yes

An inspection was conducted of each piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR #	Location				Shift	Complete
6/27/2006	23591	009-0	Fairchild	Scoop	T-339-184	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	JM-4657-D	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	16945	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	ET-17017	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	Fairchild	Scoop	T-339-230	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	JM-4677	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	16962	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Roof Bolting Machine	200339	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	16962	2	<input checked="" type="checkbox"/>
6/27/2006	23591	009-0	Fletcher	Roof Bolting Machine	2005325	2	<input checked="" type="checkbox"/>
6/27/2006	23591	015-0 030-0	Other Type Not Listed	Other Equipment Not Listed		2	<input checked="" type="checkbox"/>
This equipment was not checked due to a 107 A order that was issued and is still in effect and the equipment is not being used.							
5/5/2006	23591	031-0	A.M. General Corporation	Scoop	T339-145	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

5/5/2006	23591	031-0	Other Type Not Listed	Other Equipment Not Listed	xxxxx	2	<input checked="" type="checkbox"/>
Twin shear							
5/5/2006	23591	031-0	Other Type Not Listed	Stage Loader	xxxxx	2	<input checked="" type="checkbox"/>
5/5/2006	23591	031-0	Other Type Not Listed	Other Equipment Not Listed	xxxxxxx	2	<input checked="" type="checkbox"/>
Mule train for Longwall							
7/5/2006	23591	031-0	Other Type Not Listed	Other Equipment Not Listed	xxxxx	2	<input checked="" type="checkbox"/>
Completed on 05-05-2006 The longwall shear							

## Self-Rescue Devices (Working Section)

Required= Yes

The operator's compliance with approved self-rescuer condition-of-use requirements was evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent each inspection quarter.

Date	AR #	Location	Shift	Complete
6/27/2006	23591	009-0	2	<input checked="" type="checkbox"/>
6/27/2006	23591	015-0 030-0	2	<input checked="" type="checkbox"/>
Each man spot checked on each section on the outside in the bathhouse.				
5/6/2006	23591	031-0	2	<input checked="" type="checkbox"/>
6/27/2006	23591	031-0	2	<input checked="" type="checkbox"/>



MineID: 4608436 Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Haulage

## AMS Alarm Systems (Including CO)

Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

Date	AR #	Location	Shift	Complete
4/17/2006	23591	office	2	<input checked="" type="checkbox"/>
4/17/2006	23591	Longwall 16 Headgate	2	<input checked="" type="checkbox"/>
4/19/2006	23591	no 7 belt	2	<input checked="" type="checkbox"/>
4/19/2006	23591	no 6 belt	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Haulage

## Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
4/6/2006	23591	silobelt	belt drive	to the silo top	2	<input checked="" type="checkbox"/>
4/6/2006	23591	East Mains	Silo	Noth West Swich	2	<input checked="" type="checkbox"/>
4/17/2006	23591	Longwall- North West Switch	Mouth Of Headgate	20 xcuts to the longwall face	2	<input checked="" type="checkbox"/>
4/19/2006	23591	North Mains	n0 5 belt--n0 7 belt conveyor	009-0 section	2	<input checked="" type="checkbox"/>
4/19/2006	24024	Headgate #16 Belt	Drive	CC #18	2	<input checked="" type="checkbox"/>
<i>Belt was idle and only check the entry and belt velocities.</i>						
5/2/2006	23591	North West	No 3 Belt Head North West--HG-18	Section feeder	2	<input checked="" type="checkbox"/>
<i>cit# 7243932 cit# 7243933</i>						
5/2/2006	23591	North West HG-18	no 1 belt conveyor	tail of no 4 belt conveyor at the feeder	2	<input checked="" type="checkbox"/>
5/2/2006	23591	North West	Tail of Noth West	Tail of orth West	2	<input checked="" type="checkbox"/>
5/2/2006	23591	North West	tail of North West	No1 head HG-18	2	<input checked="" type="checkbox"/>
<i>7243924</i>						
5/2/2006	23591	North West	no 2 North West Head	No 2 North West Tail	2	<input checked="" type="checkbox"/>
<i>cit# 7243925 cit# 7243926 cit# 7243927</i>						
5/2/2006	23591	North West	No 2 North West Head--HG-18	Tail of No belt conveyor	2	<input checked="" type="checkbox"/>
<i>Cit#7243930 cit# 7243931</i>						
5/9/2006	23591	North West HG-18	no1 North West HG-18	tail of no1 belt conveyor	2	<input checked="" type="checkbox"/>
<i>cit# 7243929 .cit#7243928</i>						

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Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# Haulage

5/18/2006	23591	North Mains	n0#4 belt head	n0 7 feeder	2	<input checked="" type="checkbox"/>
<i>NO 34,5,6,7 belt conveyors and belt heads</i>						
5/23/2006	23591	Glory Hole construction site	Glory Hole	Glory Hole	2	<input checked="" type="checkbox"/>
<i>New structure site for 6' belt and feeder</i>						
5/23/2006	23591	North Mains	No 2 belt head	Tail of no 3 belt	2	<input checked="" type="checkbox"/>
<i>Citation # 9243946</i>						
5/23/2006	23591	North Mains	Traved the complet no 2 belt conveyor	along no 3belt to the no 3 head	2	<input checked="" type="checkbox"/>
5/23/2006	23591	North Mains	no 2	Tail of no 3 belt	2	<input checked="" type="checkbox"/>
6/20/2006	23591	North Mains	no 3 belt head	tail of No, 8 tail	2	<input checked="" type="checkbox"/>

### **Skip Shaft Facilities, Bunkers**

**Required= No**

An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

## Haulage

**Trackways***Required= Yes*

The inspector made an inspection of each trackway and determined if hazards or potential hazard existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
4/17/2006	23591	16 Headgate	Longwall Face	North West Switch	2	<input checked="" type="checkbox"/>
4/17/2006	23591	East Mains	Outside Drift	Silo	2	<input checked="" type="checkbox"/>
4/19/2006	23591	North Mains	outside	009-0 section	2	<input checked="" type="checkbox"/>
4/19/2006	24024	Headgate #16.	Mouth of Section	CC #18	2	<input checked="" type="checkbox"/>
4/19/2006	24024	North Feats Mains	Mouth of N. Feats Mains	N. Mains	2	<input checked="" type="checkbox"/>
4/19/2006	24024	North Mains	Mouth of North Mains	#16 Headgate	2	<input checked="" type="checkbox"/>
4/19/2006	24024	One North	Portal	N. Feats Mains	2	<input checked="" type="checkbox"/>
4/20/2006	24024	Headgate #16	Moth of section	C/C 18	2	<input checked="" type="checkbox"/>
4/20/2006	24024	North Feats Mains	Mouth of N. Feats Mains	#16 Headgate	2	<input checked="" type="checkbox"/>
4/20/2006	24024	North Mains	Mouth North Mains	N. Feats Mains	2	<input checked="" type="checkbox"/>
4/20/2006	24024	One North	Portal	North Mains	2	<input checked="" type="checkbox"/>



MineID: 4608436 Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: RDR

Coal Inspection Tracking System

## UG Outby Areas

### Alternate Escapeway (Including Facilities)

Required= Yes

Alternate escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the alternate escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
6/26/2006	23591	009-0	Outsid Drift	009-0 section	2	<input checked="" type="checkbox"/>
4/23/2006	23591	031-0 By [REDACTED]	mouth of panel	Longwall face	2	<input checked="" type="checkbox"/>
4/19/2006	24024	Headgate 16 Track Entry	Mouth Section	CC #18	2	<input checked="" type="checkbox"/>
6/27/2006	23591	Hg 18— 015-0 & 030-0 <i>This section is abandoned—A 107 A order is on this section</i>	xxx	xxxx	2	<input checked="" type="checkbox"/>
4/19/2006	24024	North Mains	Mouth N. Mains	Mouth L/W No. 16 Headgate Switch	2	<input checked="" type="checkbox"/>
4/19/2006	24024	North Mains	Moth N. Feats Mains	N. Mains	2	<input checked="" type="checkbox"/>
4/19/2006	24024	One North	Portal	Mouth N. Feats Mains	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111118

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: RSR

Coal Inspection Tracking System

# UG Outby Areas

## Bleeders Including Each Check Point Required= Yes

At least one entry in each set of bleeder entries was inspected in its entirety or to evaluation point approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the bleeder entries. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
4/13/2006	23591	1 st right off LBB Mains <i>Citation # 7243918---7243919</i>	LBB Mains Deepest Point	outside	2	<input checked="" type="checkbox"/>
4/13/2006	23591	2 ND Right off LBB Mains <i>citation # 7243920</i>	Outside	top of panel	2	<input checked="" type="checkbox"/>
4/13/2006	23591	3 RD right off LBB mains.Pillared area-EP53,52,54	outside	EP-54 and return to outside	2	<input checked="" type="checkbox"/>
4/6/2006	23591	ALL LONGWALL PANELS <i>Inspector [REDACTED]—EP,5—56,50,43,42,41,40,39,1,12,11,10,20,40A,57,55,22,</i>	outside	all panels	2	<input checked="" type="checkbox"/>
4/13/2006	23591	Deepest point LBB Mains	Outside	deepest point	2	<input checked="" type="checkbox"/>
4/23/2006	24024	EP #41	031-0 MMU @ CC 318	EP 41	2	<input checked="" type="checkbox"/>
4/23/2006	24024	EP #41-A	031-0 MMU @ CC #18	EP #41-A	2	<input checked="" type="checkbox"/>

## Each Approved SCSR Storage Location Required= Yes

An inspection was conducted at all locations where SCSR's are required to be stored to determine compliance with applicable standards, including attention to: comparing the data from inspection records with observations made during the physical inspection of a representative number of self rescue devices. A representative number of miners were polled concerning donning procedures.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
6/27/2006	23591	Mian intake			2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RDR

Coal Inspection Tracking System

# UG Outby Areas

## Longwall Tail Entry

Required= Yes

Longwall tailgate travelways were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door location and placement, approaches to worked out areas, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the tailgate travelway. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
4/6/2006	23591	031-0	at longwall	mouth of longwall	2	<input checked="" type="checkbox"/>
<i>This was traveled by [redacted] of Ventilation Dept.</i>						

## Non-Pillared Out Area (List Each)

Required= Yes

Non-pillared out areas were inspected to the point of deepest penetration or to alternative evaluation locations approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the worked out area. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
4/13/2006	23591	1 st right off LBB Mains.	outsid	through the panel	2	<input checked="" type="checkbox"/>
4/13/2006	23591	2 ND Right off LBB Mains.	outside	Through the panel	2	<input checked="" type="checkbox"/>
4/13/2006	23591	Deepest point of LBB Mains.	outside	Farthest Point of LBB Mains	2	<input checked="" type="checkbox"/>

MineID: 4608436

Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

# UG Outby Areas

## Primary Escapeway (Including Facilities)

Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
4/13/2006	23591	009-0	Drift	LBB mains	2	<input checked="" type="checkbox"/>
6/21/2006	23591	009-0	6 head	LBB mains	2	<input checked="" type="checkbox"/>
4/6/2006	23591	031-0 <i>Traveled by [redacted] of ventilation dept.</i>	Longwall	main intake	2	<input checked="" type="checkbox"/>
6/13/2006	23591	hg 18 015-0 & 030-0 <i>Not traveled due to 107 A order and is still in effect</i>	xxxx	xxxxx	2	<input checked="" type="checkbox"/>

MineID: 4608436 Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

ROR

Coal Inspection Tracking System

# UG Outby Areas

## Return Air Courses

Required= Yes

At least one entry in each return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
6/27/2006	23591	009-0	009-0 section	where enters the lonwall bleeder entries	2	<input checked="" type="checkbox"/>
4/13/2006	23591	015-0 & 030-0 <i>Traveled by [redacted] of Ventilation Dept.</i>	Section	Bleeder entries	2	<input checked="" type="checkbox"/>
4/13/2006	23591	LBB mains	Drift	LBB mains	2	<input checked="" type="checkbox"/>
4/6/2006	23591	north west mains <i>Inspector [redacted]</i>	north mains	HG 10 bleeder	2	<input checked="" type="checkbox"/>
4/17/2006	23591	north west mains	Drift mouth	Lbb return	2	<input checked="" type="checkbox"/>

## Seals (List Each Set)

Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR #	Location	Travel Begin	Travel End	Shift	Complete
6/20/2006	23591	East Mains Silo <i>set 1--- 23-31 set 2--- 20-22 Set 3---12-19 Set 4---7-11 Set 5---1-6b</i>	Silo	Plumbly Switch	2	<input checked="" type="checkbox"/>



MineID: 4608436    Event Number: 4111118

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

*RDR*

Coal Inspection Tracking System

# UG Outby Equipment

## Outby Equipment

Required= No

An inspection was conducted of each piece of in-use or available for-use equipment to determine if any hazards or potential hazardous condition existed, including safe access, improper guards, equipment condition, inoperative fire suppression systems, combustible materials, fire protection, condition of trailing or inter-machine electrical cables, cable conduit, safety devices, and diesel compliance. The serial number, if available, was recorded. If a serial number was not available, a company number or other positive identification was entered in the comments.

Date	AR #	Location	Manufacturer	Type Equipment	Serial #	Shift	Complete
6/26/2006	23855	SHOP	Brookville	Mantrip		2	<input checked="" type="checkbox"/>

*#1,2,8,mantrips 12 jeep Due to time and lack of manpower, the balance of the mantrips, jeeps and motors were not examined.*